ADDRESS

DELIVERED AT THE

OPENING OF THE GENERAL MEDICAL COUNCIL,

SESSION 1868,

BY DR. BURROWS, F.R.S., PRESIDENT.

GENTLEMEN,—Ten eventful years have transpired since the Legislature created this Council for the performance of most important duties towards the medical profession and the public. For nine of those years I have had the honour of being associated with you in your labours, and for nearly five years by your favour I have occupied the distinguished post of President. The vessel on which we have embarked, when first constructed, excited the scrutiny and criticism of many. When first launched she had to steer her course through unknown or untraversed seas, often through tempestuous waters, with quicksands around us and breakers ahead. She visited ports where her presence was hardly welcome. The original crew, unaccustomed to work together, laboured under serious disadvantages; the crew has sustained many great losses. Some of our foremost men have been taken from us; but still nearly one half survive to recount the dangers of the past, and to assist by their experience those more recently enlisted into an arduous and responsible service. Our craft is still sound, and our crew more disciplined. We have learnt to esteem or appreciate our companions, and let us hope that the venture of the present year may, by our earnest denial of self, by our prudence and circumspection, and close application to our work, bring profit to those whose interests are consigned to our keeping, as well as credit to ourselves.

In former years, I have in my opening address ventured to retrace succinctly the proceedings of the previous session, and to indicate some of the questions which you would be called upon to investigate and discuss during the current session; but in consequence of the additional duties assigned to our enlarged Executive Committee, it would be presumptuous on my part to arrogate to myself a duty which must necessarily be more ably performed through the joint labour and wisdom of the members of that Committee.

It is, however, incumbent on me, as your President, to render to you some account how I have performed certain public duties which have devolved upon me personally, as such knowledge may to a certain extent influence you in the course you may think proper to take in the future conduct of the business of the Council. By a resolution of the General Council on June 6th, 1867, and also by one passed by the Executive Committee on November 12th, 1867, recorded in the Minutes of the Medical Council, vol. v., p. 273, your President became charged with the duty of conferring with the Government respecting the Bill for the Amendment of the Medical Acts.

During the past winter I had various communications with the Government, and more particularly a lengthened interview with the Home Secretary on February 7th last, and on that occasion I again pressed upon Mr. Gathorne Hardy the necessity of amendments in the Medical Act of 1858, and requested him to give his assistance to the General Medical Council in bringing a Bill into the House of Commons. After a patient hearing of my statement, Mr. Gathorne Hardy frankly said that in the early part of the impending session of Parliament he had so many Government Bills on his hands, that he could hold out no promise of assisting the Medical Council before Easter; but that if the state of public business would permit, at a later period of the session, he would give his attention to the subject. Mr. Hardy at the same time requested me to prepare a short memorandum for him, embracing in a succinct form the points most urgently requiring his attention. With the able assistance of the Registrar (Dr. F. Hawkins), I was preparing this document immediately before the Easter recess, when, as you know, a thunderbolt was thrown on the floor of the House of Commons which startled and amazed the uninitiated, disconcerted all the Government plans, and practically put an end to all legislation for the session. And then commenced what is facetiously termed "the slaughter of the innocents." Bill after Bill was sacrificed, and it was hopeless and useless to press upon the Home Secretary the promise he had held out of assisting the Medical Council to bring in a Bill this session. All prospect of medical legislation having vanished, it seemed unnecessary to summon you from your respective public and private duties until this more than customary advanced period of the year. The Medical Council will therefore be relieved from any pressing necessity of discussing this question, which has often occupied so much of our time.

Although the question of the amendment of the Medical Acts will not be necessarily before you, still, as this in all probability will be the only opportunity I shall have of addressing you from the presidential chair, I would wish to make a few suggestions for the consideration of those who may be called upon hereafter to carry on the negotiations with the Government upon the amendment of the Medical Acts.

First, let me recall to the remembrance of the members of this Council that one of the great obstacles to the introduction of a Bill into the House of Commons to amend the Medical Act, 1858, was the discordance of opinion between the late Secretary of State for the Home Department (Mr. Walpole) and this Council upon the terms of a clause enabling this Council to admit colonial and foreign graduates on to the British Register. Part of this question is likely to be brought before the Council again this year, in consequence of an application from the University of Melbourne, addressed to the Imperial Government, to have their medical graduates admitted to registration in Great Britain; and also because this Council have already committed themselves by a resolution (June 3rd, 1867), moved by Sir D. Corrigan, and seconded by Mr. Cæsar Hawkins. See Minutes of Council, vol. v., p. 187.

Considering the difficulty that has been experienced in drawing up a clause to effect the registration of colonial and foreign graduates, I would suggest whether the difficulty may not be surmounted without attempting to frame a new clause, but simply by a verbal amendment of the Clause 46 of the Medical Act—the clause which enabled this Council to make special provision for the registration of persons practising medicine and surgery within the United Kingdom on colonial or foreign diplomas and degrees before the passing of the Act.

The operation of Clause 46 was simply retrospective; and the amendment of it that I would suggest would be to make its operation prospective as well as retrospective. Under the powers granted to the Medical Council by that clause, no less than 204 colonial and foreign graduates were admitted on to the British Medical Register, and there is no reason for the Legislature to suspect that this Council would act with less liberality for the future than it has done in the past; and this Council may feel assured that any committee appointed to investigate the claims of colonial and foreign graduates to registration would devote the same patient and careful consideration to the subject as the former committee did, and which was so ably presided over by the distinguished representative of the College of Physicians of Edinburgh, Dr. Alexander Wood. I commend the foregoing suggestion to the impartial consideration of members of Council as a means of evading the difficulty attendant upon drawing up a new clause which shall be equally acceptable to the Government and to this Council.

A second suggestion I would venture to offer for future occasions is that any future application to the Government to assist the Council in Parliament should be made in a different quarter to that hitherto selected. The Home Secretary has always been requested to introduce into the House of Commons our Bill to amend the Medical Acts. The uniform reply that we have received from that Minister has been that the pressure of public business has prevented him from acceding to our wishes, and it ever will be so unless powerful Parliamentary and external pressure is exerted to influence the Home Secretary. It was suggested by Sir George Grey when in office that this measure should be first introduced into the House of Lords. Now, after much experience and reflection on this subject, I am inclined to think that the suggestion that our Bill should be introduced into the House of Lords is not only the course which is most likely to be attended with success, but that it is the course which ought rightly to have been adopted from the first. My reasons for thinking so are as follows. According to the enactments of the Medical Act, 1858, this Council has not properly any relations with the Secretary of State for the Home Department, although the Act happened to be introduced and carried through Parliament by a former Home Secretary (Mr. Walpole). On the

other hand, this Council partly emanates from and may have most important relations with the Privy Council. In the constitution of the Privy Council you must bear in mind that six of our number—a fourth of the whole—are nominated by her Majesty with the advise of her Privy Council.

Also by Clauses 20 and 21 of the Acts we are directed under certain circumstances to make representations to Her Majesty's Most Honourable Privy Council, and not to the Home Secretary. The Privy Council is called upon, if it shall think fit, to enforce any representations or regulations emanating from this Council.

Again, by Clause 23, it is the Privy Council which is directed to prohibit attempts on our part to impose restrictions upon the practice of medicine and surgery, and the Vice-President of the Committee of the Privy Council on Education is especially directed to take part in any orders connected with carrying out the regulations of this Medical Council.

It appears then from all that I have just advanced, that, as we are a Council of Medical Education, and have much to connect us with Her Majesty's Privy Council, it would henceforth be more expedient and proper that we should seek the assistance of the Lord President of the Privy Council to introduce any Bill into the House of Lords, rather than again fruitlessly seek the assistance of the overworked Secretary of State for the Home Department in the House of Commons.

I must next say a few words upon an Act of Parliament recently passed termed "An Act to amend the law relating to Medical Practitioners in the Colonies." Prior to the introduction of this Bill into the House of Lords by the Duke of Buckingham there were forwarded to me by direction of Mr. Hardy various documents relating to it, and I was requested to peruse them, and return them with my opinion upon them. Having read them, I fortunately had the opportunity of conferring with the Executive Committee before I wrote my reply to the Home Secretary's communication. I made various suggestions in reference to the proposed legislation in my letter, which I now place on the table, because it has not before been brought under your notice.

When the Duke of Buckingham proceeded with his Bill I found that all my suggestions contained in the letter to the Home Office had been entirely ignored. I therefore immediately applied for an interview with the Colonial Secretary, and this being granted, Dr. Sharpey and Mr. Hawkins kindly accompanied me to the Colonial Office. When offering our objections to the Medical Practitioners (Colonial) Bill, I adverted to my letter, as President of this Council, on the subject, when his Grace informed us that he had never seen nor heard of any such letter from the President of the Medical Council; in truth, it had never been transmitted to his Grace from the Home Office. Fortunately, I was provided with a copy of the letter, which I then read to the Duke, and left it with him. The result was the objectionable parts of the original Bill were amended, and the measure has now passed in a form to which little objection can be made.

There is one other topic to which I may briefly allude before I sit down, and that is the prospect there is of your being invited to look into your own constitution, and decide whether you think that constitution would be improved by an increase of your number and by the introduction of members who are to represent interests, which it is alleged by some persons are not duly represented in the Council. It could hardly be expected, in this era of radical reforms and organic changes in the Legislature, that this Council, which has hitherto been regarded as fairly representing the profession for those purposes for which it was constituted, should remain undisturbed, and that attempts would not be made to alter its constitution and character. I am sure I am expressing the sentiments of all when I say, that whenever this question is properly brought before us, we shall be prepared to give a patient, careful, candid, and temperate consideration to the arguments and reasons by which such a proposal is supported.

Lastly, it is a duty which I owe to the members of the Council to remind them of a circumstance to which I have already alluded, that my term of office as President will probably have expired before the next annual session of the Council. Now it is all essential to the future harmony and credit and good working of the Council that this question of the election of my successor to the honourable and distinguished office of President should not take you by surprise. You will during the present session have frequent opportunities of personal intercourse, and I trust you will make this one of the topics of private, friendly discourse,—it can hardly be discussed in public. Then as to the precise date when I should vacate my office? Whatever course may most contribute to the convenience of the Council, and be most conducive to uphold the dignity and honour of the office, will be the most acceptable to my feelings.

CASES IN MEDICAL JURISPRUDENCE.*

BY W. BURKE RYAN, M.D. LOND., F.R.C.S.

CASE 1. *Atelectasis Pulmonum in a child five weeks old.*—This case is probably unique in the annals of medical jurisprudence, and will afford a lesson in medical ethics which may deserve attention.

On Jan. 4th, 1859, a child, aged five weeks, died in Ledbury-road. A medical gentleman, visiting another party in the house, was told of the circumstance, and shown a mixture which had been obtained the night before from a surgeon who had not seen the child, and of which a teaspoonful had been given. This gentleman very incautiously examined the bottle, and still more injudiciously expressed an opinion that there was laudanum enough in it to have killed the child.

After this of course an inquest was indispensable, and Dr. Chas. Clarke, now of Adelaide, was requested by Mr. Wakley to make a post-mortem examination. He wished my assistance, and I now give a short description of the appearances presented, as well as of a microscopical examination kindly made by the late Mr. Quekett, accompanied by two drawings on wood by Mr. Searson, under Mr. Quekett's supervision. The result will show how annoyingly the matter might have turned in ordinary cases against the surgeon prescribing, while the facts adduced can only make it a matter of the utmost surprise how the child could have lived to the time it did. I regret that the space I could expect in the pages of THE LANCET prevents my entering fully into the literature of the subject.

The following is the composition of the mixture, of which scarcely a teaspoonful was given eight hours before death: Syrup of squills, two drachms; compound tincture of camphor, sixteen minims; water, one ounce. It will be seen that two drops of the compound tincture of camphor could hardly be said, even under such circumstances, to have a deleterious influence. Besides, the child had no appearance of having during life suffered from an opiate.

Emily P——, aged five weeks, laboured under cough on the evening of Jan. 3rd, 1859, and died on the morning of the 4th. The mother, after attending to the child, fell into a short sleep, and when she awoke the child was dead. The post-mortem examination took place on the 11th. The child seemed in good condition of body, rather plump, with a rosy hue on the parts exposed to atmospheric action. The brain was evidently much congested, black dots appearing on slicing it transversely. The blood was dark and clotted in the sinuses and veins. No appreciable effusion into the ventricles. The thymus gland was large, and gorged with a white fluid of a chylous character, about half a drachm of it occupying the central cavities. On opening the thorax the lungs presented a solid appearance, firmly contracted towards the back part of the chest, inelastic, and leaving much of the pericardium exposed; *no crepitation in any part*, and in cutting into them they showed all the appearance of lung in a fœtal state—the usual sanguineous serum being absent; they weighed 18 drachms, or 1080 grains. The pericardium contained two or three drachms of serum, and the heart itself was plump, hard, and enlarged, as if bursting with its contents. The right chambers were filled with perfectly black, clotted blood, which was equally black, but in small quantity, in the left. Each pleural cavity contained about an ounce of serum. The foramen ovale and ductus arteriosus were pervious. The stomach was nearly empty, containing about two drachms of dark grumous fluid. The liver was large and fully congested, as were also the kidneys. On cutting into the abdominal walls a deposit of fat was observed, and the intestines appeared healthy.

With the heart attached the lungs sank rapidly in water; the heart being detached they also sank rapidly in their entirety. They were divided into several pieces, and all sank quickly, so as to cause Mr. Wakley to say to the jury that he had never seen anything approaching it before, and to express his surprise how the child could have lived; adding that it could only have required the slightest impediment to respiration in order to cause death. *Not the smallest piece floated.* On inflating part of the lung it partially floated, but most of

* Read in abstract before the Royal Medical and Chirurgical Society.

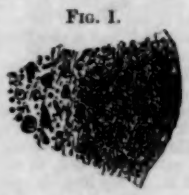
the air soon escaped again. Indeed, inflation was quite imperfect, the air entering with great difficulty, as if owing to an inexpansible condition of lung.

I left several pieces of the lung with Mr. Quekett, together with a note saying, "I now send you the *pared-off edges of the uninflated lung*. You will find two of the pieces, weighing only one-half and three-fourths of a grain respectively, which sink as rapidly as the rest. An examination of these is perhaps all that is necessary in order to render the subject perfect." Some inflated portions were also sent. Mr. Quekett replied as follows:—

"Royal College of Surgeons, May 7th, 1859.

"Dear Sir,—I have made many observations upon the lung of the young child which you put into my hands for that purpose. I find that by far the greater part of the specimens are so much solidified that they not only sink in water, but, on examination with a pocket lens, exhibit little if any trace of cellular structure. A few pieces (and these I have since learnt had been attempted to be inflated) sink much less readily in water; in these a slight trace of air-cells may be seen with a pocket lens, but on making thin slices and examining them with a power of 250 diameters, all the more solid parts appear to be made up of small cells or granules, which, for want of a better name, may be called exudation-cells. These cells adhere very firmly together, so that a section, however thin, when placed in water between glasses for microscopic examination, was so coherent that the operation of tearing with needles would hardly allow of a proper isolation of the individual cells, and such a section would present the characters indicated by Fig. 1. In some parts there were slight indications of fibrous tissue, which was not disposed in the form of circles, like that employed in the construction of the framework of the air-cells. Those parts of the lung which were above stated to exhibit under a low power the characters of fœtal lungs in general, when treated in the same way as the more solid parts, certainly exhibited the fibrous structure of the air-cells very distinctly in some points; but although the air-cells were marked out, as shown in Fig. 2, they were in most instances filled up by the small granules or cells, which rendered them almost as solid as the denser portions shown in Fig. 1."

FIG. 1.



Dense portion of fœtal lung. 120 diam.

FIG. 2.

Air-cells marked out. 90 diam.

The fact that the lungs of children who had breathed, and lived even for a considerable time, will sink in water, was noticed by Morgagni, De Haen, Kieffer, Wrisberg, Hoffman, and others; but Dr. Edward Jörg, of Liepzig, was the first fully to investigate and describe the state of things which led to this, under the name of atelectasis, or incomplete expansion or permanence of the fœtal condition of the lungs. It may be either an absolute disease, or may arise from great weakness on the part of the child, or mechanical impediment to inspiration preventing full expansion in an otherwise normal lung. Dr. Jörg believed that this unexpanded state of lung might occur in mature or immature children, and that the process of parturition much influenced such a result: for instance, where the head was subjected to great pressure, or where, on the other hand, a very rapid delivery took place, as well as in cases where children lose much blood by the umbilical cord, or are born with powers so feeble that they cannot live without placental circulation. I append a case of this latter description. If the first inspirations, owing to certain conditions of the child, be feeble, part of the lungs may become inflated, while other parts remain wholly unreached by atmospheric air, and will thus remain in an unexpanded state, and may subsequently become consolidated or deteriorated, so that many, or, as in the present case, nearly all traces of vesicular structure may disappear; or it may so happen that vesicular structure may have been undeveloped from the first, *commencing with positive disease*.*

The subject is involved in much obscurity, and we are wholly at a loss to account for the fact of children living even for a considerable time, and yet after death leaving no traces of respiration, the lungs, in fact, appearing in their fœtal condition. Bernt gives three cases, one of which had arrived at the full period of utero-gestation, and lived a day. The lungs sank when tried in their entirety, and on being cut, a few fragments only, of a scarlet colour, floated. In another case the child was a seven months one, lived two hours, and its lungs sank in water.

In Henke is given a case by Remer, where a child lived four days, so that the funis had time to separate naturally. The lungs, whole and in fragments, sank in water. Heister† gives a case where a very feeble infant lived nine hours, whose lungs sank; and Orfila‡ found every portion of the lungs sink in water in a child that had lived eleven hours; and in three other cases, two being mature, in which the children lived four, six, and ten hours respectively, the lungs sank when divided. Billard,‡ from meeting some cases of this kind, imagined that it was possible for children to survive their births *even days* without breathing. Schenk mentions the case of an infant who cried several times during the *four days* it lived, and yet its lungs sank in water.§ The substance of the lungs was healthy; there was no crepitation. The lungs being separated, and cut each into fifteen pieces, all sank rapidly to the bottom, no bubbles escaping on compression below the surface of the water. The other case was that of a mature child that lived six hours, and whose lungs sank in water. In Dr. Albert's case the child lived thirty-six hours, being occasionally convulsed. On inspection there was no appearance of disease. The whole lung appeared in a fœtal condition, and immediately sank in water.

The case here described is the only one I find on record of perfect atelectasis in a child so old. The sinking in water was not, presumably, the result of any disease other than that of non-development or deterioration of the vesicular structure. Appearances resulting from diseases, such as congestion, hepatisation, pneumonia, scirrhus, œdema or tubercle, would have been very different and distinguishable by care, while the puzzling nature of the present case is still more fully borne out, as well as its interest enhanced, by the careful microscopical examination of Mr. Quekett. Had the state of the lungs been the result of any known form of disease the cell-structure could scarcely have been altered to the form described. Some fragments of lung must have floated in water, and the weight should, at the end of five weeks, have exceeded 1080 grains (2½ oz.)

CASE 2, *wherein a fœtus arrived at the end of the fifth or beginning of the sixth month of uterine life, and weighing not quite 1¼ lbs., after twenty-eight minutes' occasional respiration, a small portion of lung floated in water.*—I attended Mrs. H—— in a case of typhoid fever. She was in her fourth pregnancy. My attendance commenced on May 6th, 1859, and on June 4th, at which time she considered she was about five months pregnant, she was delivered of a very diminutive fœtus. The child was alive, moved, and breathed very feebly occasionally, but emitted no sound, and the chief evidence of life was given by the heart's action, and by the placental circulation, which was strongly kept up. I folded the infant in flannel and watched the result with much interest. The placental circulation was carried on for about twenty-eight minutes, gradually getting weaker, and the moment it ceased life seemed extinct.

The weight was 1¼ lbs. less 1 drachm. The heart, lungs, and thymus gland weighed 1 oz. 75 grs. avoirdupois, and sank in water, as they did when the thymus, which weighed 32 grs., was separated.‖ Both lungs sank rapidly when separated. The left lung, cut into fragments, sank. The upper and middle lobes of the right lung were cut into twenty pieces, and all sank; the lower lobe was cut into fifteen pieces, and all sank but two, weighing 3½ grs. and 3¼ grs. The heart weighed 102 grs., thus leaving the weight of the lungs 420 grs. Foramen ovale quite open, and ductus Botalli pervious. Right auricle and ventricle full of black blood. Left auricle contained about two or three grains' weight of black blood, and the left ventricle was quite empty.

* De Pulmon. Vitio Organico, Lipsiæ, 1832. Die Fötuslunge, Grimma, 1836.

† Morgagni's Works, vol. i.
† Méd. Lég., i., 375.
‡ Maladies des Enfans, Viabilité.
§ Journal der Pratischen Heilkunde, Band xxvii., Sect. 3.
‖ Mr. Davies mentions a case (*Med. Gaz.*, vol. xl., p. 1022) of a child 1¼ lb. in weight that lived ten minutes, but no post-mortem was made.

PSORIASIS has, by an Italian writer, been put in juxta-position with scurvy. The latter is caused by an exclusively animal diet; the former by excess of vegetable food. Advise against psoriasis a modified Banting system (leave out wine and spirits), and you'll succeed.

DYSENTERY: ITS SUCCESSFUL TREATMENT BY IPECACUANHA IN LARGE DOSES; ALSO BY A NEW REMEDY.

BY ARCHIBALD HEWAN, M.D. EDIN.

HAVING had very large opportunity of witnessing the character and ravages of this terrible disease during a residence of several years as medical missionary at Old Calabar, on the West Coast of Africa, and having employed several remedies as means of cure with varying results, I feel bound to declare my testimony in favour of the ipecacuanha treatment, as being not only the least disappointing, but, when rightly used, attended with the most certain success. This treatment has been more than once brought to the notice of the profession in the columns of THE LANCET, and I beg to add my humble name to the list of its advocates, while I urge, with all my heart, its use.

It was while battling with a very prolonged and peculiarly severe attack of the malady in a native that I saw for the first time an account of the successful use of this medicine in large doses in India. I had then been so frequently disappointed with the common treatment by astringents, opiates, &c., that I had very nearly lost all confidence in them. I may mention, in passing, that I had found gentle laxatives, followed by small doses of rhubarb and quinine, do most good. But now I was glad to have an agent that promised such good and complete results. I put it into practice at once, and the result was most gratifying.

The natives themselves have no certain means of cure. For the most part they use enemata composed of the fresh leaves and barks of certain plants, having more or less astringency about them. But their mode of administration is rough, irritating, and very awkward. Very many die. Those who recover do so slowly and very tediously. The disease is common during the wet season, which begins about June, and is concurrent with the bringing in of the new yams, Indian corn, and other products at that time.

Fearing such an alarming disease, the chiefs and the better class of the community avoid eating new fruits for a considerable time after they have been first gathered in. Indeed it is one of the unmistakable signs of a *gentleman*, about which they are very particular, to be able to live on his old year's stock for some time after his less distinguished neighbours have had recourse to the new. A chief of any importance will not eat new year's produce till the ceremonies by way of thanksgiving have been duly celebrated. And this celebration does not take place till the chief's old stores are nearly empty, by which time new year's stock has been pretty largely stored and seasoned.

The Europeans who come to the place are mainly sailors, or, at least, connected with the shipping, and live on board the vessels lying in the river. They suffer in common with the natives from eating new yams, while they, moreover, are liable to dysentery as the result of exposure, fatigue, or other irregularities.

The loss of my case-book in the confusion and accidents of moving and travel, containing the details of my cases, makes it impossible for me to give a full account of them; but, perhaps, this is of little moment, as they would doubtless have occupied too much space for the columns of THE LANCET. It may, therefore, be enough if I say that the value of the remedy so pleased me in its results that I never thought afterwards of seeking for any other means of cure. Nor can I bring to my recollection any case in which the remedy failed; whereas from time to time before that I had the pain and anxiety of seeing one and another patient sink and die under the usual remedies, and with the conjoint skill and care of my medical brethren along with me.

But in urging this remedy I must not forget to state what is at once apparent, and that is the huge and ugly dose. One drachm of powdered ipecacuanha, mixed in water, forms a grim draught to look at. Not every patient would consent to take it, unless as a last resource. Smaller doses, from half a drachm downwards, have been tried, but in my experience they are much less effective. More frequent doses have in this way to be given, and nausea kept up unnecessarily. However, an intelligent and skilful medical friend of mine, then on the Coast, now in Liverpool, speaks highly of the smaller dose in a case of chronic form of the complaint that came under his hands on board the steamer on his way homeward from the Coast.

Whether so large a dose as one drachm is necessary in this country I have not yet had an opportunity of satisfying myself. It is a matter worthy of investigation; and if a concentrated tincture of the root could be employed, the large dose would literally become a small matter.

So far as I can recollect I did not find that acute attacks yielded so readily to the large dose given at the onset. A native of Sierra Leone, a carpenter, aged thirty, was attacked. He was working on my house at the time, so that he sought relief at once. Thinking to cut the matter short, I gave a full dose—one drachm—of the drug; but the system seemed altogether in too irritable and excited a state. Mild aperients and sedatives, such as aconite, would, I think, have suited this case better at the first. He recovered more slowly than several others did.

I pass on to the new remedy. This is a discovery made by Mr. Kerr, surgeon, of Galt, Canada West, and is fully reported in the *Edinburgh Medical Journal* for June, 1865, and, if I mistake not, in some subsequent numbers of that journal. It was while enjoying the beautiful results of the ipecacuan treatment that I was called to attend the infant daughter of one of my fellow missionaries. She had suffered now and again from diarrhœa during dentition. At length the diarrhœa took on a dysenteric character. All the usual remedies were tried, but failed. The ipecacuan treatment remained. But what size of a dose should be given to so young a patient was the question, and not an easy one, to settle. All at once her father, intensely anxious, recollected a packet of medicine for dysentery a kind friend of his had given him when he was starting for the Coast. The nature of the remedy was then unknown to me, but as Mr. Robb had entire confidence in his friend who gave it to him, and as the case was desperate, I could not withhold my full consent to its administration. Full instructions were written upon it. With much concern I watched the case from day to day. The result was cheering. From the time the first dose was given, or very soon after, the child fell into a quiet and comfortable sleep, such as it had not had for many a day before. It soon completely recovered, and is now living in Scotland with its parents, a vigorous and healthy child.

The remedy, as discovered by Mr. Kerr, is a composition of several plants, and at first sight may *seem* a very *unscientific* one. But as Mr. Kerr, in his interesting paper, which is worth reading, shows that he went to work on a scientific basis, spent five or six years in working out his plan before coming to a conclusion, and that conclusion a satisfactory one, as alleged by those who have adopted it, it is, in my humble opinion, worth a careful trial as a means of cure in this dire disease. And I the more gladly take notice of it in comparison with the ipecacuanha treatment which I have been advocating, for whereas in the good results from ipecacuan you have the preliminary horror of the dose, like results are to be obtained from this new composite remedy *without any sickening disgust*.

To quote from Mr. Kerr's paper: "Its constituents, when the investigation was concluded, were as follows:—Four officinal—viz., opium, stramonium, dulcamara, digitalis; three non-officinal, Sium lineare, Cicuta maculata, Conio-selinum canadense. All are more or less narcotic, and digitalis, dulcamara, and Sium lineare are also diuretic.....Without opium the combination is slightly aperient, promotes sleep, and, according to experience gained in dysentery and other diseases, heals ulceration of the mucous membrane." After some further interesting remarks, Mr. Kerr gives details of cases which were cured in his hands as well as in those of other practitioners. They are too lengthy for quotation. So also are the details I have received from friends who have used the remedy, and who speak in the highest terms of its value, as having saved the lives of patients who seem to be fast sinking under other more usual remedies.

From these, I trust not too brief details, as well as from my own experience abroad, and in a recent case here, I feel bound to advocate and to publish this new remedy, while I also try to make the value of the ipecacuanha treatment, if possible, better known.*

Minera-street, Eaton-square, June, 1868.

* Mr. Kerr's remedy, prepared according to his formula, is to be had at Duncan and Flockhart's, chemists, Edinburgh, and Murdock's, chemist, Glasgow.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Prooemium.

GUY'S HOSPITAL.

CASES OF STRANGULATED FEMORAL HERNIA.

(Under the care of Mr. JOHN BIRKETT.)

THE week rarely passes away, at the larger metropolitan hospitals, without one or more cases of strangulated hernia requiring to be relieved and reduced by a cutting operation. But it seldom happens that three cases of so much interest, and affording such sound practical lessons, occur within the period of a few hours as those related below. On the 6th and 7th of last February the cases were admitted, and all of them have been fully reported by Mr. W. E. Saunders. We shall briefly call attention to their chief characteristics, and then record their most striking features.

The first case is most remarkable as a recovery after *fifteen days'* continued vomiting. The accuracy of this fact may be relied upon, as Mr. Birkett took especial pains to discover if any erroneous statement was made, by inquiring of more than one individual, and upon several occasions. The prostration was such, when admitted, that life seemed nearly extinct; and it was several days before there appeared to be a hope of saving the patient. The state of the protruded bowel deserves particular attention, as affording an illustration of the condition of the viscus as affected by the constriction produced by the orifice of the sac and the tissues surrounding it *alone*, and not injured by manipulation, for attempts had never been made to reduce it by taxis.

The second case affords a striking example of the happy termination of a case of strangulated hernia when early division of the impediments to its reduction is accomplished without opening the hernial sac; and especially in a case of the kind here related, in which certain conditions of the tumour preclude the effectual application of the taxis.

The last case is an instance of the results of delaying the liberation of the bowel by a cutting operation until the injured bowel has sloughed, and it passes back into the peritoneal cavity, there to produce fatal mischief by allowing the escape of its contents within it.

CASE 1. *Vomiting for fifteen days; adhesion of the bowel to the sac; great prostration; cure.*—A thin, small, delicate, married woman, forty-two years old, was admitted on account of a strangulated right femoral hernia, which had been observed for two or three months. She had never worn a truss. She was suckling an infant born eight months since. On admission she had been vomiting for *fifteen days*. The surface of the body was cold; the extremities and face blue; the pulse was just perceptible; she could scarcely articulate; the tongue dry and red; the abdomen tympanitic. There was a small tumour in the right groin. Although the patient had been visited by a medical man, *no attempt was made to return the rupture*. Mr. Birkett proceeded to reduce the bowel soon after admission. The patient was placed under chloroform, and an oblique incision was made along the upper and inner border of the tumour. The hernial sac and bowel were firmly united together, and great caution was required to avoid injuring the latter, although its thickened, leathery texture almost precluded the chance of doing so. The orifice of the sac was very small, and required division. Having with difficulty reduced the protruded intestine on account of the firm adhesions, the wound was dressed with lint and plaster. Opium and stimuli were cautiously administered, and milk diet. Improvement in the general condition was remarkably slow; but on the fourth day after the operation she asked for some solid food, "because she felt so hungry." A little finely-cut chicken on bread was given her, which she enjoyed. In spite of extensive suppuration about the wound, retention of urine, great intestinal tympanitis, a little diarrhœa, a small bedsore, a severe attack of articular rheumatism after the wound was healed, she left the hospital well.

CASE 2. *Vomiting nineteen hours; reduction of the hernia without opening the sac; speedy recovery.*—A healthy, married, prolific woman, aged forty-four years, had observed a right femoral rupture for about a year. She had never worn a truss. It frequently caused inconvenience by its descent, but went back after lying down. The day before admission she had felt more pain in the groin than usual, the tumour was larger, and she could not push it back. *Nineteen hours* before Mr. Birkett saw her she began to vomit. The femoral tumour was of moderate size, very movable, and the tissues covering it were healthy. *Taxis had not been employed.* The patient was placed under the influence of chloroform; and Mr. Birkett tried to reduce the rupture by pressure. He failed, however, to do so; and then incised the integuments covering the fascia propria. Having now reached Gimbernat's ligament, he introduced the hernia bistoury, on the tip of the finger, beneath that structure, which was divided sufficiently only to enable him to reduce the protruded bowel by gentle pressure. This being effected, the wound was dressed with sutures, lint, and plaster. The tissues around the orifice and neck of the sac were very tight and firm; and, from the flask-shaped form of the sac and the great mobility of the tumour, Mr. Birkett attributed the impossibility of reducing the rupture without a cutting operation. This patient recovered without an untoward symptom, and left the hospital well in a month, wearing a truss.

CASE 3. *Vomiting four and a half days; bowel sloughed and returned into the abdomen; sac incised and tissues sloughing; death.*—A large, fat, bronchitic, married woman, fifty-eight years old, had been the subject of a left femoral rupture for about eight months. She had never worn a truss. For several days before admission there had been a tumour, larger than usual, in the groin; and she had vomited constantly for *four days and a half*. She was admitted in a dying state. The integuments over and about the tumour were of a dusky-red colour and œdematous. When an incision had been made through them, sero-purulent effusion flowed out. Mr. Birkett was unable to distinguish one structure from another, and that which seemed to be the peritoneal sac contained pus and feculent fluid. The hernia had been reduced. The patient survived this operation a few hours. Recourse to surgical assistance had been neglected until vomiting commenced, after which attempts to return the protrusion had been frequently made before admission. By after-death examination the portion of small intestine which had been in the sac was seen to have sloughed and burst, although very little extravasation of the contents of the tube had taken place, and there was very slight peritonitis. The protruded bowel had been a portion of the upper part of the canal, about seven feet and a half below the duodenum—rather unusually high. Neither the pleuræ, lungs, heart, kidneys, nor liver were healthy.

LONDON HOSPITAL.

SEQUEL TO A CASE OF SYPHILITIC PARALYSIS; DEATH; AUTOPSY.

(Under the care of Dr. RAMSKILL.)

THE patient, whose case we briefly recorded in the "Mirror" of March 28th, died on June 7th. There is little of importance to add to that record. For the following facts we are indebted to Mr. George W. Mackenzie. Towards the end of April the patient's right optic disc was found to be swollen; veins large and irregular, and partly obscured; disc raised, reddish white, bright, and smoothed off into fundus; arteries large, and easily traceable; left disc only hastily caught; veins large, and appearances believed to be those of the right disc. From this time he became gradually worse, and mostly passed his motions and urine in bed. A few days before his death it was obvious that he did not move his left arm and leg so well as the right, but could move them a little when they were pinched.

Autopsy.—As had been diagnosed by Dr. Ramskill from the first, the cause of the patient's symptoms was clearly syphilis. There were in the hemispheres, or rather in the pia mater over them, one or two small nodules, of a yellowish colour and tough consistence; there were also one or two on the tentorium cerebelli, and also in the left middle fossa of the skull, around the ganglion of the fifth pair of nerves. But the

chief disease was at the base of the brain. It spread along the fissures, especially in the Sylvian fissures. The arteries in the interpeduncular space were also involved. The sixth nerve was the only one of the paralysed nerves which was embedded in the deposit. The third nerves were apparently equally entangled in the general material which occupied the space in which they were. The fifth nerve at its origin was normal; but its ganglion was diseased. The seventh nerve was at its origin normal; but the trunk was not followed into the petrous bone. Lying over the outer side of the brain, and covering the hinder part of the third left frontal convolution among other parts, there was a fibrous patch loosely adherent to the pia mater, and the brain beneath was quite free. This was whiter, tougher, and much more fibrous-looking than any of the deposits elsewhere. The large branches of the middle cerebral arteries were not blocked, although their coats were greatly diseased, being nodose here and there. Both corpora striata were very much softened; and this is noteworthy, as palsy of but one—the left—side of the body had been observed during life. However, the right corpus striatum was the one most softened. The liver contained one large and several smaller nodules, of a tough, dull-yellow colour; the large mass was in the left lobe, near the porta. Nothing of importance was found in the other organs. The larynx, unfortunately, was not examined.

Provincial Hospital Reports.

LINCOLN COUNTY HOSPITAL.

RÉSUMÉ OF CASES OF STONE IN THE BLADDER OPERATED UPON DURING TWELVE MONTHS, FROM FEB. 1867 TO FEB. 1868.

MR. SAMUEL MILLS, house-surgeon, has given us the following interesting statistics:—

During the twelve months above indicated, the total number of cases admitted, and operated upon, was nine. Two only out of this number occurred in adult patients, these being of the respective ages of fifty and fifty-one years; the rest were under the age of sixteen years. The two adult patients were operated upon by means of lithotrity, and the other seven by lithotomy. The lateral method of lithotomy was adopted in five cases, and the median (Allarton's) in two. They were all successful, and occurred in male patients, who came from different parts of the county.

1. Wm. K——, aged fifty-nine. Medium-sized lithic-acid stone. Lithotrity; four "sittings." Recovery, which was delayed by the occurrence of severe symptoms of renal irritation and an attack of acute orchitis. Was under treatment nearly four months. Bladder injected with about six ounces of water previous to each operation.

2. John E——, aged fifty. Medium-sized phosphatic stone. Lithotrity. Five sittings during February and March, after which he was discharged cured; but he returned with a relapse of his symptoms in October, when a stone was again detected, and crushed in four sittings. Recovery.

3. Alfred R——, aged two. Median lithotomy performed on August 7th. Small oval lithic-acid stone, weighing 30 grains, removed. Recovered in three weeks, without a bad symptom.

4. John H. H——, aged sixteen. Lateral lithotomy, Sept. 12th. Medium-sized irregular-shaped stone. Discharged cured three weeks after operation.

5. John K——, aged six. Lateral lithotomy, Oct. 8th. Moderate-sized lithic-acid stone, weighing 77 grains, removed. Cured within one month after operation.

6. John R——, aged thirteen. Median lithotomy, Dec. 17th; when a rather large stone, weighing 240 grains, was with difficulty extracted from the bladder. Short tube introduced into the bladder through the wound, and removed after the first twenty-four hours. Discharged cured. This boy was cut by the median method four years ago, when a moderate-sized stone was removed. He remained free from symptoms for above three years after the first operation.

7. George S——, aged four. A large stone, weighing 215 grains, was removed by lateral lithotomy on Jan. 14th. Discharged cured within the month.

8. Wm. B——, aged three and a half. Oval lithic-acid stone removed by lateral lithotomy on Feb. 22nd, weighing 80 grains. Discharged cured within a month after operation.

9. Wm. C——, aged eleven. A large, rough, irregular stone, weighing 520 grains, removed by lateral lithotomy on Feb. 27th. In this case there was very great difficulty experienced in grasping and extracting the stone, which entailed considerable bruising about the neck of the bladder. Urine continued to escape through the wound for five weeks after the operation. No bad symptom followed, and he was discharged cured six weeks after the operation.

Chloroform was given in all the cases of lithotomy.

GENERAL COUNCIL
OF
MEDICAL EDUCATION AND REGISTRATION.

Session 1868.

ROYAL COLLEGE OF PHYSICIANS.

THE annual meetings of the Medical Council commenced on Wednesday last, at the College of Physicians—Dr. Burrows, President, in the chair.

In opening the proceedings, the President delivered his customary address, which will be found at p. 809.

Before the Council proceeded to the business of the day,

Mr. SYME rose, and said he was happy to state that the misunderstanding which arose between him and Sir Dominic Corrigan in the course of last session was at an end; and

Sir DOMINIC CORRIGAN made a similar statement.

The REGISTRAR stated that Dr. William Macdonald, of Ewing-place, 359 Argyle-street, Glasgow, had been summoned to appear before the Council on Thursday, at 3 o'clock; and that no intelligence had been received from him, except a statement that he was unable to appear, and a certificate as to his health, signed by a person not on the Register.

The Business Committee of last year (consisting of Dr. Andrew Wood, Dr. Embleton, Dr. Aquilla Smith, Mr. Cæsar Hawkins, and Dr. Rumsey) was reappointed.

The Finance Committee was also re-elected — viz., Dr. Sharpey, Dr. Quain, Dr. Aquilla Smith, Dr. Fleming, and Mr. Cooper.

A letter was read from the British Medical Association, requesting the Medical Council to receive a deputation in reference to the further representation of the profession in the Council.

On the motion of Dr. PAGET, seconded by Sir D. J. CORRIGAN, the request was granted; and Tuesday next, at three o'clock, was appointed as the time for receiving the deputation.

Attention was called to communications from the Branch Council for Scotland relative to lunacy certificates.

Dr. ANDREW WOOD said it was evident that this was a matter which ought to engage the attention of the Council, because if it were the fact, as it appeared to be, that a gentleman practising on one side of the Tweed was not to be considered qualified to certify in a case of lunacy if the lunatic were taken across the border, surely that was a direct infringement of the equality of privilege which it was one of the great objects of the Medical Act to secure. The object of that Act was to provide that if a person's name was placed on the Register after he had been found duly qualified, he should be at liberty to practise all branches of his profession in all parts of her Majesty's dominions. If, then, there was a clause in any Act of Parliament which provided that a lunacy certificate, signed, for example, at Carlisle, should not be valid at Dumfries, *or vice versâ*, a sufficient case was made out for the interference of the Council. The only doubt seemed to be as to how action should be taken in the matter. He suggested that the subject should be referred to a committee, who should inquire into the clauses of the Lunacy Act which had produced such an anomaly, and prepare a report which might be embodied in a memorial to her Majesty's Government, with a view to ascertain how it might be remedied.

Dr. BENNETT suggested that, before any further steps were taken in the matter, the opinion of the legal adviser of the Council should be obtained.

Dr. ANDREW WOOD said the law officers of the Crown had decided against the validity of the certificates in all parts of the kingdom.

Dr. FLEMING said a difficulty arose in the fact that the

Lunacy Commissioners in England had no legal jurisdiction over medical practitioners in Scotland, and *vice versâ*.

Dr. ALEX. WOOD mentioned several instances in which great inconvenience and needless expense had been occasioned by the present state of the law. He seconded the proposal of Dr. Andrew Wood to refer the subject to a committee, with instructions to them to prepare a memorial for the removal of the grievance complained of.

Sir D. CORRIGAN considered it prejudging the question to assume that the present operation of the Acts is a grievance to the public and the profession. He therefore suggested that it would be wiser to appoint a committee to consider the subject and report to the Council, without pledging themselves to any particular view of the operation of the law.

Dr. Andrew Wood acceded to that suggestion, and the resolution was then amended as follows: "That the reference from the Scottish Branch Council on the subject of lunacy certificates be referred to a committee, who shall consider the subject in concert with Mr. Ouvry and report to this Council."

This was agreed to, and Dr. Andrew Wood, Sir D. Corrigan, and Dr. Rumsey were appointed members of the committee.

The information collected by the Executive Committee on the subject of Vaccination was laid before the Council.

These communications, together with a letter addressed by the Medical Department of the Privy Council to the President of the Medical Council, were referred to a committee, consisting of Mr. Cæsar Hawkins, Dr. Fleming, Dr. Leet, Dr. Storrar, and Dr. Bennett.

Dr. PAGET moved the appointment of a committee to consider "the report of the Committee of the Medical Council (presented last year) on the visitations of examinations; with the observations of the licensing bodies upon the report."

Dr. ALEXANDER WOOD thought it undesirable to refer the report of one committee to another committee.

Sir D. CORRIGAN objected to the appointment of a committee without giving specific instructions as to the matter referred.

After some discussion, the observations of the licensing bodies upon the Committee's report were ordered to be received and entered on the Minutes; it being understood that communications from bodies that had not yet reported were, if received in time, to be included.

Dr. PAGET then moved that the reports of visitations of examinations in Scotland and Ireland since the last meeting, be received and entered on the Minutes.

Dr. PARKES seconded the motion.

Dr. STORRAR stated that the Branch Council of England had not thought it desirable to repeat the visitations this year.

Sir D. CORRIGAN thought that their reasons for not visiting should be laid before the Council, together with the reports from Ireland and Scotland.

This view was assented to by the Council, and all the reports were ordered to be entered on the Minutes, the words "in Scotland and Ireland" being omitted from the resolution.

Dr. PAGET moved "that a committee be appointed to consider the observations and reports of visitations of examinations referred to in the last two resolutions, and to report to the Council."

Sir D. CORRIGAN was at a loss to know on what the Committee were required to report. The only thing they could do would be to summarise the reports, and that was needless, as all the documents were before the Council *in extenso*.

Dr. ALEXANDER WOOD concurred in the view taken by Sir D. Corrigan. He then proceeded to animadvert on some portions of the report of last year's committee, which he complained was evidently the production of one "master mind," and was in a measure based on certain explanations which were given by members of the Committee itself, other members of the Council having no such opportunity to explain.

Dr. SHARPEY called attention to the fact that explanations were received from Mr. Hargrave, who was not a member of the Committee.

Dr. ANDREW WOOD replied to the strictures of Dr. Alexander Wood, and said that the Committee of last year received suggestions from all quarters, and that the report was not drawn by any single member.

After a lengthened discussion as to the propriety of referring the communications in question to a committee, the motion was adopted, and the following members were elected to serve on the committee:—Dr. Andrew Wood, Dr. Paget, Dr. Sharpey, Dr. Storrar, Dr. Parkes, Dr. Thomson, and Dr. Apjohn.

Dr. ANDREW WOOD said he should decline to act as chairman of the Committee this year.

Returns from the Army Medical Department, from the Medical Department of the Navy, and from the India Office, relative to the examination of candidates for commissions in the respective services were ordered to be entered on the Minutes.

Communications from the Colonial Office and from the Home Office relative to a letter addressed by the Chancellor of the University of Melbourne to the Home Secretary, were laid on the table. The last-mentioned document is as follows:—

The University of Melbourne, March 12th, 1868.

SIR,—I do myself the honour to address myself to you on behalf of the Council of the University of Melbourne, inasmuch as it has been intimated to the Council that measures are about to be taken to introduce into the Imperial Parliament, during the present Session, a Bill to amend the Act which regulates the Registration of Medical Degrees in England, of which Bill the carriage would be entrusted to you.

How far it may be proposed by that Bill to restrict the admission of gentlemen who have taken degrees in Universities of the British Colonies, and received their medical and surgical education either altogether or partially in them, I am not aware; but intelligence recently received from the President of the General Council of Medical Education and Registration, in the course of correspondence had with him on the subject, is to the effect that probably a residence by such persons in England for a year before they can apply to be registered, will be required.

There is doubtless much force in the suggestion that those charged with the grave responsibility of admitting to registration applicants who arrive in England from distant countries, should be allowed full opportunity to satisfy themselves as to the respectability and social standing of such applicants. Nevertheless, I may be allowed to submit, with great deference, the compulsory residence in England, for the period of one year, previous to the application, is not required; for it is quite possible to make provision that such persons may apply to be registered in England, on producing to the General Council of a certificate or certificates of the nature deemed necessary, signed by the Governor, the Chief Justice, the Head of the religious body to which the applicant belongs, the principal Medical Officer of the colony, or any of the Chief Officers of State, together with the like certificate or letters discussory or recommendatory signed by the Chancellor, Vice-Chancellor, Warden, or Principal, or the representatives of those officers, and six members, at the least, of the University in which he has taken a degree. If deemed expedient, these certificates might be under the seal of the Colony and University, and be transmitted by the Governor to your offices; satisfactory evidence of the identity of the applicant should be also forthcoming, and it is worthy of consideration whether such testimony, authenticated by persons of such eminence and distinction, might not well be deemed as trustworthy and conclusive as any which a professional man, comparatively a stranger in England, could procure, even after a residence of twelve months there. Moreover, remote as Victoria is from England, the facilities of intercommunication are so different now from those which existed only a few years since, the circumstances which might have then legitimately enforced such a delay are materially altered.

Thirteen mails are despatched from London for Melbourne, by Suez, in the course of the year, the transit is accomplished in about six weeks, and twelve mails leave London for Melbourne during the like period, accomplishing the voyage in about fifty days. A return mail goes by each route.

Thus, should a medical man, possessing a degree confirmed by the University of Melbourne, present himself for registration in London without the prescribed certificates, or should it be necessary to refer to the proper authorities in this country to complete any portion of the evidence requisite, a period of six months would amply suffice to procure all required, while any further delay could form no grounds for just complaint, as it would be attributed in all likelihood to some inattention on the part of the applicant, whose duty it would be to furnish all the testimony required by the Act.

Similar provision would, I believe, meet all cases affecting all other British colonies.

I trust you will permit me therefore to impress upon you, with all due respect, and in the interest of the young men educated in our University who may aspire to enjoy in England the privileges of a British citizen, that you be pleased not to insist on any compulsory residence in England before registration by any of medical graduates who may arrive in the United Kingdom furnished with the certificates or other testimony mentioned above.

The Queen has been graciously pleased to ordain that the degrees which the Council of this University is empowered to confer, are equivalent to those conferred by any University of Great Britain.

The calendar of this University, which I have the honour to

transmit with this, and to which I beg leave to invite your attention, will explain the nature of the incorporation, show you the letters patent granted by her Majesty, and also the statutes and regulations affecting the Medical School.

I may be allowed to express a hope therefore that you will be satisfied on examination of this volume that care has been taken by the Council to ensure a liberal and generous compliance with the design of the Legislature, and the gracious confirmation by the Queen; and that if our professional men can, on their arrival in England, satisfy the constituted authorities on the points required, the comity which influences Great Britain in her treatment of those of her sons which have betaken themselves to dwell in distant dependencies of the Crown, will induce you not to require the insertion in the Bill of the restriction in question.

I have, &c.

(Signed) REDMOND BARRY,
Chancellor of the University of Melbourne, Victoria.

The Right Hon. the Secretary of State, Home Department.

Dr. ALEXANDER WOOD thought that the subject should be dealt with liberally by the Council. Many of the colonial universities educated their students quite as well as the medical schools at home. It was proposed that a year's residence should be required before colonial students were admitted to practice in this country, but no such security was demanded for the moral character of persons leaving this country for the colonies. It was much more likely that dishonourable practitioners from this country should go to the colonies than that such persons should come from the colonies to this country.

After a brief discussion it was resolved that the subject should be taken into consideration by the Council on Friday next.

Mr. SYME then moved the following resolution:—"That a committee be appointed to consider and report how the various subjects of medical education which have been deemed requisite by the Council may be taught with most advantage; in what order they should be studied; and how the examinations on them ought to be arranged." He said that he felt that an apology was due from him to the Council for undertaking so serious a responsibility, which he should not have assumed but that his long experience as a teacher and examiner might be supposed to enable him to speak with some confidence on the subject. The Medical Act which constituted the Council, imposed upon them three important duties: to keep a Register of all properly qualified practitioners, to prepare a Pharmacopœia for the United Kingdom, and so to regulate medical education that no admission should be obtained into the ranks of the profession without due study and examination. The first two of these duties had been discharged to the satisfaction of the profession. With regard to the third, much had been accomplished, but much yet remained to be done. The diversity of practice on the part of examining boards in preliminary examinations was one great difficulty that stood in the way. That was a matter over which the Council had no control, and it was for the examining boards themselves to do their best to remedy the difficulty. With respect to professional education, the list of subjects was completed at the last meeting of the Council, but there were still many points to be considered: first, as to the best method of teaching; secondly, as to the order of study; and thirdly, as to the best mode of conducting the examinations. Upon those three points there was a great variety of opinion existing in the Council, and in all probability outside the Council; and if some agreement could be come to as to some of the points alluded to by the members of the Council and communicated to the profession, great benefit would accrue. He proposed that the committee should be composed, not of members of the Council who all took the same view of these matters, but of those who took different views; they might then compare their ideas, and upon some of the points come to a conclusion which would meet with the approbation of the members, and go forth with the authority of the Council. He proposed to say a few words on these different points. First as to the means of teaching. There were two great errors prevalent with regard to teaching. One was that teaching implied learning, and that learning was the same as committing to memory. The act of learning, or acquiring new ideas, was an act of the mind, no less essential for the purpose than the acts of digestion and assimilation were for the adaptation of nutriment to the body; and they could no more make a man learn by the mere enunciation of facts and opinions than they could make a man strong by distending his stomach with food. Nevertheless, many teachers, forgetful of this, believed that they discharged their duty by pouring forth volumes of details, no sooner received than forgotten. The predecessor of Dr. Christison in the chair he now so worthily occupied was a gentleman of great talent and accomplishments, but was perhaps the worst teacher who ever occupied a professor's chair. That gentleman, the late Dr. Duncan, was very kind to him (Mr. Syme) at an early period, and allowed him, as a student, to express his ideas with perfect freedom on matters which happened to be the subject of conversation. Dr. Duncan used to say that he thought the duty of a medical teacher was to mention everything which it was proper for the student to know, making no allowance for the student's own powers of observation. He (Mr. Syme) replied that it seemed to him that the duty of the teacher was totally different; that he ought to give the student a general idea of the subject to be studied, to remove the difficulties calculated to oppose his progress, and seek to call forth his energies. Those opinions, expressed to Dr. Duncan nearly half a century ago, he still entertained with regard to the duty of a teacher. Dr. Parkes entertained views of a very different kind. He thought the student should not proceed from generals to particulars, but from particulars to generals—that when he began studying chemistry he should begin by performing experiments; that when he proceeded to physiology he should begin by looking through the microscope; and that when he studied surgery he should begin by learning the names of the symptoms of the most frequent diseases. That was very much the same course as if, in the investigation of a new country, the traveller, instead of ascertaining its situation, its extent, the ranges of its mountains, the rivers flowing between them, and the towns upon their banks, were to sit down upon the sea-shore and count the grains of sand. Dr. Parkes was a great advocate of the tutorial system. Here, again, he was sorry to differ from him; for of all contrivances for obtaining the object in view, the tutorial system was the most injurious. If cramming was what they had in view, then the tutorial system was the best they could adopt; but if the object was the acquisition by the student of real knowledge, then the system was bad. Dr. Parkes would treat medical students as infants, and supply them with wet-nurses. He should regard them as men, young men it might be, but still as men devoted to their profession and anxious to learn it, and would take means that they should thoroughly understand each of the subjects recommended, but only up to a certain point. He would not attempt to make them botanists, anatomists, or physiologists, but would teach that which was necessary for the object in view as members of the medical profession. (Dr. Parkes: "Hear.") He was glad to find that he was in accord with his friend. It might be said that this was taking a low and degrading view of the subject. "Why not educate up to the highest point of a scientific subject?" He would remind the Council, if they required to be reminded, that all that could be got in the way of scientific progress in the school, when compared with the progress that was to be made by the absolute prosecution of a science—the concentration of mind and devotion of individual faculties,—was no more than the germination of a seed as contrasted with the growth of a plant. It was about as unreasonable as the story told of a lady who, when asked what she meant to do with her second son, replied that she intended to educate him to be a bishop. It was just as difficult to make a medical man as it was to make a bishop. One great thing was to give the student the means of learning what was necessary, and then, if there were geniuses amongst them who were to attain to a high position, they would have a good foundation to start from. One way in which they might promote science was by connecting it with the honourable office of teaching. Dr. Parkes, in his report, complained of the manner in which teaching was generally conducted, and the reason of that was that the schools were too much divided. In this great city almost every hospital had its school, and in the provinces almost every large town had its school. The consequence was the students were so much divided that teaching came to be a very unworthy object; and it was accordingly notorious that the great mass of teaching throughout this country was conducted by men not as the permanent object of their lives, but as a step to something better. In Scotland they managed these things better. They had not a single provincial school. They had three great seminaries at Edinburgh, Glasgow, and Aberdeen. Professors were appointed, not with any large emolument, but still sufficient for them to live upon; the post of a teacher was one of honour and respect, and when a man had been once placed in the professor's chair he did not think of leaving it for something better, but made it the business of his life. He need only refer to Dr. Christison, who held the chair of Materia

Medica, and was teaching it with the same vigour as he was forty years ago. He had a large consulting practice, but had no intention of leaving his professorship, and was doing good to the school with which he was connected. The great evil of these small schools was not only that there was inadequate remuneration, but they could not teach efficiently a small number of students. Both teacher and student lacked the energy arising from what the late Sir William Hamilton termed "the magnetism of numbers." Every one must have remarked that observations which when addressed to a small number of students were scarcely listened to, and received with cold indifference, were eagerly received when addressed to a crowded audience. One of the things to do was, if possible, to concentrate the means of instruction, and to abolish the whole of these provincial schools. With regard to this subject of teaching, the Council ought to put itself in communication with men of experience in teaching, to take the opinions of chemists and anatomists, and then to consider what was the proper amount of instruction that could be fairly and thoroughly instilled. The next point was the order of study. Members of the Council who had not attended particularly to the subject would be apt to say that on this point they were all agreed. Generally they were, but there was yet much to be done. The Medical Council had so arranged their regulations that the most convenient time for commencing medical study was not in winter, but in summer. In Edinburgh the fashion was to attend botany and natural history in the summer. He should say, clearly the proper course was to attend botany and chemistry in the summer. In his student days there were most excellent three months' courses of chemistry in summer, which he attended, among others, before going through a more lengthened course in the winter. No doubt nothing could be better for a mind practically blank than the study of botany; the student would understand it and like it. But what was natural history, whether it comprehended minerals or animals? How could a student comprehend comparative anatomy before he had studied human anatomy? He asked his colleague, the Professor of Natural History, if he had many beginners at his class, and was told it was principally composed of them. His friend opposite (Dr. Parkes) said that the student should know nothing of surgery during his first two years. Now, if they considered the importance of surgery, and that half of the student's time had to pass before he commenced it, they would find such a course of practice was inexpedient. Some good might come if the opinion of the Council on these points was made known. And now he came with fear and trembling to the third point, because, with all his desire to stand well in the opinion of his fellow members, he had a painful certainty that he should express some opinions which they would repudiate and regard as most unorthodox and bad. It had been said that nothing had been done which so tended to improve education as the dividing of the examinations into portions. In his school there were four examinations,—first, botany, chemistry, natural history; then another examination upon anatomy, physiology, materia medica, and pathology; then upon surgery, practice of physic, and midwifery; and lastly, clinical examinations. The consequence of this was that every year the student was professing to be studying one thing, and preparing to be examined in another. The effect of that—not as to his memory, but as to his real learning—need scarcely be mentioned. He was unable to keep his mind in that healthy and vigorous state which was necessary for the true acquisition of knowledge. He entirely approved of class examinations; there the student was examined upon the subject he was studying; but he decidedly objected to examining him one year on the subjects which he had been studying in the previous year. It might be said a great advantage was gained by allowing the student to disembarrass his mind of an amount of information which would interfere with what was to come after it. If the object of medical education was to pass very difficult and complicated examinations, he agreed. If they took a young man whose memory was in a powerfully active state and told him to get up these subjects, he would do it and would pass an examination; but then the knowledge was no sooner acquired than it was forgotten. It was the custom with students when they had passed through certain examinations, like the lawyer who had gone through his case, to throw it off their minds and take to something else. He had examined students who had arrived at the pinnacle of their ambition and were just about to be graduated to the highest offices in medicine, and found some of them totally ignorant of anatomy. One gentleman told him, for instance, that the pectoralis minor was somewhere about the clavicle. The object of dividing the examinations was because it was said that it was impossible for the student to retain all these various subjects in his mind for four years. He (Mr. Syme) would wish to see the student examined at the end of his course. It was said he could not carry it all in his mind. Carry all what? Did not they wish him to carry all his knowledge for his professional life, perhaps forty or fifty years, when he would require it? Yet they said that at that early period of life, when the memory was most vigorous, he could not retain it for four years, and therefore they were to take it by instalments. The student was to be crammed up to the utmost for passing these wonderful examinations, and then the whole thing was forgotten. He did not say this theoretically. He had been a teacher for a very long period; he was acquainted with the feelings and wishes of students, and had endeavoured to ascertain the opinions they entertained, whether right or wrong. He hoped that members of the Council would freely express their opinions on the subject. He knew there was a diversity of opinion in the Council, and it was on that ground that he moved the appointment of this committee.

DR. ANDREW WOOD, in seconding the resolution, said he considered Mr. Syme perfectly justified in showing cause why a committee should be appointed, and he had done so most effectually. It was evident that there was a great diversity of opinion among the members of the board, and therefore they should endeavour in some way or other to find out what was right and best for the profession. The disagreement was not confined to members of the Council, but was general in the profession. In London there was what was called an Association of Teachers, who were taking up this subject of medical education, and some of the medical journals asked why did not the Council wait and let that Association suggest what was required, and then review their suggestions. But he considered it was their duty to consider the whole subject, and to take evidence upon it. He would call not only the members of the Association, but the teachers throughout the whole country—from England, Ireland, and Scotland,—and so endeavour to arrive at the rights and the wrongs of the matter. The profession was extremely obliged to Mr. Syme for giving them this opportunity of commencing at a late period an investigation of the most important subject that had ever occupied the attention of the Council. Whatever they thought of Mr. Syme's statements and views—and he (Dr. Wood) did not agree with some of them,—they must all agree that the time had come for sending the subject to a committee, who would work upon it from day to day, and produce a report not only creditable to Mr. Syme, but creditable also to the Council. He believed such a report, drawn up and circulated among all the licensing bodies and schools of the country, would be the means of evoking a large discussion on the subject; and he trusted it would end in such a code of regulations for the improvement of medical education—as to its method and order and proper tests to be applied after it had been gone through—as would materially elevate the members of the profession.

Sir D. CORRIGAN proposed, as an amendment, "That a committee be appointed to consider and report in what order the various subjects of medical education which have been deemed requisite by the Council may be taught with most advantage, and how the examinations on them ought to be arranged." The difference between the resolution and his amendment amounted simply to this, that, instead of appointing a committee for three objects, he would appoint them for two. He considered the first proposition in the resolution to involve a conclusion upon which no uniformity of opinion could be obtained. It was proposed, "That a committee be appointed to consider and report how the various subjects of medical education which have been deemed requisite by the Council may be taught with most advantage." He considered it perfectly impossible for any five men in the United Kingdom to be unanimous on that point; but on the other subjects he thought, even if they could not approach anything definite, they might still do a great deal of good by informing students in what order they could best study the subjects of their education. After that the Council could give their opinion as to how the examinations ought to be conducted. At present it was notorious that a young man gave a certain sum to a grinder or tutor to get him into the profession, and that grinder or tutor did not follow the course which was best for that young man, but that which was most for his own advantage. A young man was not sent to school to learn algebra before he had learnt the common symbols or figures; nor was he sent to learn poetry before he had learnt a little grammar; but it was notorious that a young man entering the medical profession was taken up by a tutor or grinder, and put in to

study hospital practice before he knew the difference between the tibia and the humerus. He therefore thought they might with advantage adopt the first of his propositions, and inform young men in what order they should study the different subjects of their profession. Such was the course followed in every university of the United Kingdom with regard to arts; and it ought to be followed in the medical profession. The Council should simply lay down the order in which the various branches of medical education should be learnt. No doubt by medical education Mr. Syme meant professional education, and therefore his resolution would not deal with preliminary education. Now the subjects comprised in a professional education, as apart from preliminary education, were not many. They were anatomy, physiology, medicine, surgery, materia medica, chemistry, midwifery, and forensic medicine. They might with advantage suggest that there should be a certain order followed in studying these, just as in following a course in arts. He however contemplated with terror one of the grounds on which Dr. Wood had seconded Mr. Syme's proposition,—namely, that they were to examine not only the teachers of the Teachers' Association, but all the teachers of medicine and surgery in the United Kingdom. Such an undertaking would kill them. (Laughter.) Mr. Syme objected very strongly to dividing the examinations, which had been already recommended, and adopted by most of the licensing bodies in the kingdom. He, however, stood almost alone in objecting to it. The only instance he adduced as proving that it was injudicious, was that of a young man who was allowed to forget what he had learnt, and who, when he came up for his final examination, did not know anatomy. The conclusion he (Sir D. Corrigan) drew from the illustration was simply that the examination in anatomy was defective. Mr. Syme said it was necessary to abolish provincial schools, and to concentrate the teaching in some grand school for each kingdom. That would be contrary to all the principles that guided them in the present day. Competition appeared to be the very soul of almost everything. The instance adduced of the value of making a chair worth holding was that of Mr. Syme's distinguished colleague, who had held the professorship upwards of forty years, and who, he said, lectured now with the same intelligence and vivacity as he did forty years ago. That, however, was an exceptional case. It was much better for a student to go to a provincial school, under a competent teacher, than receive instruction in London from a man who had been forty years a teacher, and ought, unless possessing an exceptional degree of energy and talent, to have retired from his office. Under the system which Mr. Syme advocated, the students would have nowhere else to go to, because they would not be able to get the value for their money anywhere else, and there they would get no value at all. He remembered well, when a young student, paying four guineas for a course of botany in the University of Dublin. The teacher had lost all his teeth, and it was impossible to understand a word that he said; but there was a monopoly, and the four guineas were obliged to be paid. He (Sir D. Corrigan) afterwards went and paid two guineas elsewhere in order to get the information. Mr. Syme thought that his system of concentration would foster talent, and secure more scientific teachers than they at present had. That reminded him of an anecdote of a distinguished old professor in a university who, when engaged as a member of a body for revising the code of education and abolishing certain anomalies and monopolies, said, "I have only one thing to say, gentlemen, and that is that in any law you pass remember the poor professors." Mr. Syme considered there was an immense advantage in teaching a great number of students, but he (Sir D. Corrigan) regarded a large number as a positive disadvantage. The medical profession was essentially a practical one, and it was an impossibility to teach clinical medicine and clinical surgery to a large class of pupils. He himself had had experience for a great number of years, and thought it much better to have his ten or twelve students going round with him than when in a large hospital they came in a crowd around the bedside and put an end to any tutorial system. Mr. Syme had also dealt hardly with the tutorial system. He said it was a bad one, but he (Sir Dominic) maintained that the method was an effective one. It was a bad system if the tutor educated his students at home sitting around the fire, and grinding into them a knowledge of words instead of a knowledge of things; but if the examinations in clinical medicine, in surgery, in chemistry, and in materia medica were to be conducted practically, if the substances the student was to use were laid upon the table, and he were called upon to perform an operation in anatomy or surgery on the table, there would soon be an end to that abominable cramming system. The origin of the fault was not in the tutors nor in the crammers, but in the licensing bodies, each of which had a representative in the Council, and which had not instituted such a course of examinations as would prevent a mere knowledge of words from qualifying a student. The only test they could have of sufficient education was to make the examinations what they ought to be, and the Council should interfere no further than by saying to the students, "Such is the order in which we recommend you to follow your studies, and such are the provisions that we deem necessary for making an examination practical."

Dr. STORRAR seconded the amendment.

Dr. PARKES moved the adjournment of the debate, which was unanimously agreed to.

THURSDAY, JUNE 25TH.

The Council to-day resumed the consideration of Mr. Syme's motion of yesterday, and Sir D. Corrigan's amendment. The debate, however, was suspended at three o'clock, in order to take into consideration the case of Dr. Wm. Macdonald, of Glasgow, charged with trafficking in foreign medical degrees. An effort was made to exclude the press during the discussion of the case, but the motion made for that purpose by Mr. Hargrave, and seconded by Dr. Rumsey, received only three votes in its favour. The charges against Dr. Macdonald were entered into at some length. They were three in number—viz.: 1, that he offered for fee or reward to obtain the degree of Doctor of Medicine of the University of Pennsylvania; 2, that he offered for fee or reward to obtain the degree of Doctor of Medicine of the University of Giessen; 3, that he falsely pretended to hold a commission from the University of Giessen for inviting young men, aspirants for medical degrees, to the university. A motion was proposed by Mr. Syme, declaring Dr. Macdonald to have been guilty of "infamous conduct in a professional respect." To this an amendment was moved by Sir D. Corrigan, to the effect that the subject was one which should be taken up by the public bodies concerned rather than by the Medical Council. On a division the amendment was lost, and the original motion was carried by the casting vote of the President. Dr. Macdonald's name was ordered to be removed from the Register.

The further consideration of Mr. Syme's motion for a committee on education was then proceeded with, but the debate was not concluded when the Council adjourned.

MEDICAL INFORMATION OF CAUSES OF DEATH.

THE exposure of frauds committed on Burial Societies by the use of false certificates of death, which occurred at Liverpool not long since, has naturally excited a great deal of interest amongst medical men, who recognise therein another of those instances of misplaced confidence to which our profession is peculiarly liable in its charitable work amongst the lower orders of the people, and against which it is therefore necessary to take all possible precaution.

A point which struck us very forcibly in the proceedings arising out of the Liverpool frauds, was the evident confusion of two things between which it is most important to insist upon a proper distinction being preserved—namely, *the certificate of death*, which can only be given by the registrar, and the *written information of the cause of death*, which is given by the medical man. The "cause of death" is only one out of the several particulars which go to make up a complete certificate of death; and it is to be regretted that this distinction, which is a plain matter of fact, was not clearly set forth by the legal authorities at Liverpool. It would appear rather that magistrate, counsel, and learned judge, overlooked or ignored the distinction altogether; indeed, one of the counsel engaged went so far as to suggest that medical men were liable to the penalties of felony by giving false certificates of death. And at the trial, when Dr. Owles said he considered the medical certificate proved the *cause* rather than the *fact* of death, Mr. Justice Mellor replied that "he could see no practical distinction between the two." But the question, so

far as the profession is concerned, is one of *legal* and not *moral* obligation, and it may be stated undeniably that, unless a medical man is the actual "informant" of the death, and signs the official register in that capacity, he is not amenable under the Registration Act in respect of any matter contained in the entry of such death in the register. It is the "informant" of death—i. e., some person present at the death, or in attendance during the last illness, or the occupier of the house in which the death occurs—who is answerable for the truth of every particular inscribed in the register relating to that death. The "cause of death," as one of those particulars, may be recorded by the registrar on the mere verbal declaration of the informant alone; the written statement of the medical man furnishes corroborative evidence as to the fatal disease, and cases so attested are distinguished in the registers by the word "certified" to show their superior reliability for the purposes of medical statistics.

Medical men have no authority whatever under the Registration Act to give certificates of death: all they can do is to certify, to the best of their ability, the *cause* of death; their attestation having, however, no legal value as evidence of the fact of death beyond mere corroboration. The certificate of death issued by the registrar is the only legal proof of death having occurred.

So far, then, the position of the profession in regard to certifying cases of fatal disease is clearly enough defined. But a practical difficulty sometimes arises when a medical man is asked to certify the cause of a death which he is assured, by some person whose veracity he has no reason to doubt, has occurred. The printed form of certificate* with which he has been supplied by the registrar is expressed in terms which imply that he has personally ascertained the fact of death; but possibly overlooking this in the hurry of practice, or, as is equally probable, being under the impression that the form is prescribed by law and may not be altered, and having been so often reminded by the registration authorities of the importance attaching to the record of causes of death, he is unwilling to refuse a certificate, and he therefore fills up the blanks in the form and appends his name on the assumption of the *bonâ fides* of his informant as to the death having actually occurred.

That medical men are not, however, bound to certify the cause of death in any particular set form is evident from the absence of any injunction to that effect in the Registration Act; and this is placed beyond doubt by the authoritative statement of the Registrar-General himself, who, in a letter (lately published) to the secretary of the Liverpool Medical Institution, thus refers to the purely voluntary nature of the printed forms which he supplies to the profession:—

"To assist the medical profession in giving those written statements, printed forms have been widely issued from this office, which may be altered from time to time according to circumstances; and although they have been widely circulated, in the hope of saving trouble to the medical profession, it is well understood that the use of such printed forms is not necessary, but that the fatal disease may be recorded in writing by the legally qualified medical practitioner in any form he may prefer; indeed, in England and Wales it is optional with him whether he gives it in any form; and of course it is incumbent upon him, where he has not actually seen the corpse, to exercise a wise discretion as to the reliance to be placed by him on the statement made to him of the death having occurred in his absence."

It can hardly be doubted that misapprehension does exist in the minds of many practitioners in regard to their exact obligations as to certifying causes of death, and the Registrar-General's official exposition thereon ought therefore to have the widest possible circulation. Henceforth there can be little or no excuse for anyone who gives a certificate which does not express the full measure of his own responsibility for the truth of the statements certified as distinguished from those which he gets second-hand. The medical officers of the Children's Hospital have already adopted a form of their own, which, it will be seen, expressly avoids all responsibility in reference to deaths of which they are not personally cognisant.

"Hospital for Sick Children, 49, Great Ormond-street,
18 .

"I certify that , aged , was a patient of this hospital from to , and that he was suffering from and from

(Signed)

"This certificate is for the information of the registrar of the district in which a death has occurred."

It is very desirable, on many grounds, that certificates of fatal diseases should be given as much as possible on a uniform plan; and we have no reason to doubt that the Registrar-General will, now that his attention has been called to the matter, take into consideration the amendment of his printed forms, so as to make them express more clearly their precise value as evidence of death.

Whether it will be necessary to have two or more separate forms, as suggested by Dr. Farr,* or whether one form of an elastic character would be the better, is immaterial; we, however, incline to prefer one form, and something after the following manner might possibly be found workable:—

MEDICAL INFORMATION OF CAUSE OF DEATH.

I attended , of , whose age I am informed is . I last saw h alive on , when h was suffering from .
(*a*) *H death took place in my presence on* .
(*b*) *I saw h body on* .
(*c*) *H death has been reported to me as having occurred on* .
The cause of h death was .

	Cause of Death.	Duration of Disease.
(*a*) First.....		
(*b*) Second ...		

[NOTE.—Those parts of the form which are not applicable to the circumstances under which this information is given should be struck through with the pen.]

Signature _____
Professional title _____
Address _____
Date _____

This information is for the use of the registrar of the sub-district in which the death occurred.

Provision is thus made for three classes of cases: (*a*) where the practitioner was present at the death; (*b*) where the practitioner saw the body after death; and (c) where the practitioner attended the person before death, but was neither present at the death nor saw the body afterwards.

The adoption of a form of this kind would put the practitioner on his guard: it would indicate plainly the full extent of his responsibility in regard to the information given; and it would at once show the registration officer receiving it how far it was reliable in proof of the fact of death.

Of course our suggestion rests on the assumption, warranted by the declaration of the Home Secretary in the House of Commons, that no alteration of the Registration Act is contemplated by the Government. The amendments we have suggested in the form of medical certificate can be made at once by the Registrar-General if he thinks fit to do so; and we shall be glad to learn that he is disposed to entertain them. We do not, however, lose sight of the fact that the Act itself needs amendment before a complete and satisfactory registration of deaths and their causes can be obtained.

* "I hereby certify that I attended , aged last birthday; that I saw h on 186 ; that he died on , at ; and that the cause of h death was ."

* Appendix to the Twenty-seventh Annual Report of the Registrar-General.

THE LANCET.

LONDON: SATURDAY, JUNE 27, 1868.

THE General Medical Council is once more holding its annual meeting, and, as we predicted, at its first sitting, got into the middle of very knotty and difficult subjects. The opening address of the President, which will be found at another page, was characterised by the conciseness and business-like quality which mark all Dr. BURROWS's addresses, and which, taken in connexion with other qualities, must make us regret that the term of his presidency will have expired before another meeting of the Council shall come round. Notwithstanding this feature of Dr. BURROWS's style of speaking, he did on the present occasion lapse into a figure, and likened the Council to a goodly ship, concerning whose qualities and destinies many different opinions were held and had been held since she was launched. He truly said that the vessel had often had to sail through troubled waters; had frequently to visit ports in which she was scarcely welcome; that she was manned by a crew that had never sailed together before, and that many of the best hands no longer sailed in her. Yet one half, he thought, of the original veterans were left; and our report of Wednesday's debate shows that some of these said veterans were just as eagerly interested in the urgent questions of the day as the younger members. Dr. BURROWS was still happier in his continuation of the figure. The craft, he thought, was still sound, the crew were better disciplined than in earlier years, and they had learned to appreciate each other better. He prognosticated that, by unselfishness and prudence and devotion to their labours, they would do the profession good and themselves credit. He entered into details which show how carefully he represents the Council in the interval of the sessions. He made one or two practical suggestions for the amendment of the Medical Act, and, in doing so, recommended in future that communications with the Government should be carried on rather through the Privy Council than the Home Secretary, whose multifarious duties make it always improbable that he will have any time to spare for taking charge of strictly medical legislation. As an additional argument for this course, he pointed out that various clauses of the Medical Act seemed to indicate relation of the Council to the Privy Council rather than the Home Office. Dr. BURROWS's suggestion—that, by merely giving a prospective quality to the 46th clause of the Medical Act, Parliament will do what is necessary to meet the just claims of holders of colonial diplomas—will, doubtless, have due consideration from the Council. But we venture to think that more is required than a mere alteration of this clause, giving it a prospective application. The holders of the diplomas of our own colonies, or rather of such of these diplomas as the Council sees its way clear to recognise, should be registered as a matter of law, not of favour or special order. They should be registered on the same terms as those licensed at home are registered in the colonies. This is eminently a case for reciprocity.

Our readers will be quite prepared to learn that no amendment of the Medical Act can take place this year. That is no reason, however, why the Council should not make up its own mind on the points on which amendment is needed. It is desirable that this should be done deliberately and yet completely, so that after next year we may hear no more of amendments of the Medical Act.

After the President's opening address on Wednesday, the proceedings were mighty dull for a time, and wellnigh an hour was spent in discussing whether or not the observations of the licensing bodies on the reports of the visitations of the examinations should be entered on the Minutes. There was one pleasing episode before this tedious and ill-used hour. Mr. SYME intimated that the misunderstanding between himself and Sir DOMINIC CORRIGAN, arising last year out of an allusion to the regulations of the Edinburgh University, was at an end. Sir DOMINIC confirmed the statement. We have great pleasure in recording this explanation. It is perhaps inevitable that such misunderstandings should occasionally arise. But in public circumstances, and between men so eminent, they are a misfortune to the profession. The only good thing to be done with them is to cut them short and end them magnanimously, as has evidently been done here on both sides.

At this early stage of the meeting little else is done than to refer all important subjects to committees, in which, by-the-way, much of the best work of the Council is accomplished. It is surprising how long it takes sometimes to refer a very simple matter to a committee. One of the subjects so referred was the validity, or rather the invalidity, of lunacy certificates in other portions of the United Kingdom than that in which the practitioners certifying reside. After much boasting of the reciprocity of qualifications throughout the United Kingdom, it appears, on the authority of the law officers of the Crown, that the certificates of Scotch practitioners are not valid in England, and *vice versâ*.

Upon the following motion of Mr. SYME, seconded by Dr. ANDREW WOOD, an important discussion arose:—

"That a Committee be appointed to consider and report how the various subjects of medical education which have been deemed requisite by the Council may be taught with most advantage; in what order they should be studied, and how the examinations on them ought to be arranged."

The Council is, *par excellence*, the Council of Medical Education. It is composed for the most part of the most renowned teachers in the three kingdoms. There is a universal feeling that our methods of education are very faulty indeed. Notwithstanding all this, the Council is very shy of giving any deliverance on *modes* of education. It will enumerate subjects; it will prescribe the order in which these should be studied; but upon the best method of teaching—that is to say, upon the principal point of interest,—it is loth to speak. We remarked upon this great reluctance last year, when the Council shirked a deliverance upon *modes* of teaching by adopting a resolution merely enumerating the subjects to be examined in. Dr. PARKES emphatically remarked upon it on Thursday, and as emphatically condemned an amendment to Professor SYME's motion by Sir DOMINIC CORRIGAN, seconded by Dr. STORRAR, restricting the duty of the Committee to a mere consideration of the order in which subjects should be studied, and the arrangement of examinations. Dr. PARKES forcibly

observed that if the Council does not initiate this question, it will be forced on them from without; and it would then have to be considered by them under less dignified circumstances than the present. As the subject is still undecided at the time of our going to press, and as we shall have to revert to it, we leave it for the present. We shall only further say, a standing committee of the Council on the subject would commit it to nothing, and would be likely to command the best evidence that can be procured on the subject from the best teachers, not alone of London, but of other principal schools. If we understand the promoters of this Committee, it is not their wish to limit the liberty of teachers or of learners more than it is limited at present, under what Dr. STORRAR calls the present tyrannous system of certificates. The result of their inquiries and their report might be to increase their liberty, and to make education at once more easy and effective.

THE election into the Council of the College of Surgeons on Thursday next is exciting unusual attention among the Fellows of the College, from the fact that for the first time for many years there are four vacancies to be filled, and that for these the names of no fewer than nine candidates have been announced. These, taken in their official order, are as follows:—Mr. PARTRIDGE and Sir WM. FERGUSSON, the retiring members of Council, who seek re-election, and Messrs. ERASMUS WILSON, GAY, COOPER, BROOKE, SIMON, HUMPHRY, and HOLDEN. The contest this year differs, however, from that of last year in the fact that but two retiring members of Council present themselves to the electors, one of whom, Sir WM. FERGUSSON, by general consent will doubtless be re-elected, in order that he may have the opportunity of filling the dignified post of President of the College, which in the ordinary course of events he has not yet attained.

There are therefore, practically, but three seats to be contested; and we trust that this fact will not reduce the elective body to the level of a "three-cornered constituency," and bring about the election of two liberal and one conservative member as a compromise between the several shades of professional feeling. *Bonâ fide* liberal sentiments and action were never more required in the Council-chamber of the College of Surgeons than at the present moment, when, thanks to the eliminative practice pursued of late years, the balance of power is wellnigh equalised, and but a little more additional weight to the liberal scale will make the conservative party, which has so long been predominant, kick the beam. It is for the electors to show that they are determined to bring in the right man, regardless of all private considerations, and independently of all personal solicitation on the part of candidates or their friends, which we regret to know has been most vigorous and pressing on this occasion.

It is one of the most distasteful duties of journalism to have to analyse the claims of candidates for office on such an occasion as the present, but we should fail in our public duty were we to allow personal considerations to stand in our way. We believe that the gentlemen who will receive the largest amount of support on the present occasion, after Sir WILLIAM FERGUSSON, are Messrs. SIMON, HOLDEN, and GAY. Mr. SIMON will have the support of all who wish to see an unflinching reformer in the College Council, though all may not go to the full extent with him in his views respecting medical education. Mr. HOLDEN'S hair-breadth failure of success last year is the best forerunner of certainty on the present occasion, and his position at St. Bartholomew's Hospital and his personal popularity would stand him in good stead, even were he not the representative of the younger and more active section of the electors—the Fellows by examination. Mr. GAY'S views the electors have had ample opportunity of studying in his letter which recently appeared in our columns, and they will not fail to have appreciated the large liberality of sentiment therein contained. Those who know Mr. GAY best will best appreciate the honesty of purpose with which those views will be enforced.

Of the remaining candidates, it will be sufficient for us to say that Professor HUMPHRY'S position as a scientific surgeon and as a leading provincial practitioner will ensure him success on a future occasion, should he be more explicit in his views on medical policy. He has, we believe, been hurried into the field at the last moment, and has hardly had time to realise his position.

We trust that every elector who can be present on Thursday next will not fail to exercise to the full the privileges entrusted to him. He is entitled to vote for four candidates, and public policy requires that the right should be exercised, though private feeling may doubtless lead to some curiously combined voting. We take this opportunity of publicly protesting against the open "touting" for votes which took place at the last election. Since the College authorities did not fail to take formal notice of the accidental and perfectly unimportant presence of a *member* of the College during a few minutes of the election last year, we trust that the President will see the propriety of restraining all canvassing by College officials, who are in no way connected with the government of the College, except as its salaried officers.

IT will be in the recollection of our readers, no doubt, that some time ago the inhabitants of Kensington petitioned to have the barrack removed from that neighbourhood, and backed up their request by representing that the building was notoriously unfit for the occupation of troops. This was met by a counter-statement on the part of the Earl of LUCAN, in which it was alleged that the barrack was an admirable barrack, and the troops occupying it were always in equally admirable health.

Our contemporary, the *Pall-mall Gazette*, has called attention to these statements in connexion with the Report made last week by our Sanitary Commissioners. From all we can gather, the facts related in that Report are not denied; on the contrary, they are, and have been for some time, well known to the authorities at the War-Office. Some years ago there was a military commission on this very barrack, and the report was of a very unfavourable description. It was declared that the building was radically bad, and that nothing could render it otherwise. But then came the fact, that its site was a most agreeable one for the officers, and they were not, of course, going to relinquish it in deference to the nonsensical notions of such people as sanitarians. The subject is, in reality, one which concerns the welfare of the soldier and the soldier's family in the matter of health, comfort, and decency. We understand that the military commissioners were tempted with the bait that they might suggest any necessary alterations and improvements of a sanitary kind; but, finding the com-

mittee, we suppose, inflexible in maintaining their expressed opinion as to the non-improvability of the barrack, a different course was adopted, and the Earl of LUCAN was put forward to declare that the barrack was all that could be desired. Our Commissioners, however, fully endorse the verdict of the Military Committee, and there cannot be two opinions about it. Anybody with a nose, eyes, and common sense—for he need not be buoyed up by any of those modern theoretical sanitary notions which military officers of the old school deride as so much bosh—must arrive at the conclusion that the Knightsbridge Barrack is radically and irremediably defective in construction.

It was, we believe, at one time suggested that the site of the Millbank Penitentiary might be used for a barrack; and there are some, whose opinion on such matters merits attention, who think that the best course would be to convert Chelsea Military Asylum into a barrack, or to erect one in that position, and send all the boys into the country, rather than locate them in a densely-populated neighbourhood of the metropolis, where they grow up into weedy, chalky-looking town lads, often unfit for the military service for which they are intended, instead of fresh-complexioned, sturdy, country youths. For our own parts, we have already expressed the opinion that these troops ought to occupy barracks in the neighbourhood of the parks. The present building could be sold by the Government at any moment for a very considerable sum of money, and this would remove the financial difficulty.

Before we conclude, a few words appear to be required as to the anomalous and peculiar position of the Household troops in reference to the rest of the army. They are fifty years behind in everything belonging to their hospital system. The men, women, and children suffer by not being placed under the same regulations as the rest of the service in these respects; and there ought unquestionably to be an inspectorial medical officer appointed for the purpose of visiting the barracks and hospitals, reporting on their sanitary condition, checking the hospital administration, revising the invaliding, and the rest. There is ample work for such an officer in the London district, and we are surprised that the appointment does not exist. Considering the limited area occupied by the site of the Knightsbridge barrack, an increase of the present number of buildings would only tend to aggravate the existing sanitary defects. The married people might therefore be lodged outside in houses rented by the Government—a plan which has been pursued elsewhere. The women and children are not only wretchedly put up, but they are worse off in the Guards than in ordinary line regiments. Hospitals, for instance, exist at most of our garrisons for the reception of these people; and where they do not, special provision is made by a War Office circular for affording them medical aid, and supplying wine and other articles of extra diet during sickness. No provision is made, however, for the married people in the Guards. The officers are rich, and they make very commendable exertions to supply the deficiencies of the Government; but this is clearly neither the right course, nor is it the most conducive to the health and interests of the soldiers and their families.

A BANQUET is about to be given to Professor Bouillaud by his numerous pupils on the occasion of his recent election to the Institute of France.

Medical Annotations.

"Ne quid nimis."

THE REMAINS OF CRIMEAN RED-TAPE.

IT is an unspeakable disgrace to the authorities who superintend the Volunteer force that, at the review of Saturday last in Windsor Park, thousands of honest, hard-working men, who willingly encounter any necessary fatigue, trouble, and expense in their country's service, should have been exposed to treatment which would have been barely excusable in an expedition into an enemy's country, but which is simply disgraceful as occurring in a royal park within twenty miles of this metropolis. We do not care to enter upon details to illustrate the shameful incapacity which characterised the arrangements, but need only refer to one or two broad facts. About 27,000 men were assembled—not suddenly, but after days, nay weeks, of preparation; yet of these the majority were starved throughout the whole of a day which, from the heat of the weather and the fatigue of the operations, was one of exceptional severity. These poor fellows could not get food, and, worse than this, a very large number could not get even water until some good Samaritans at Datchet, Virginia Water and other places, helped them, late at night, to this simple restorative. Worn out with exposure to the sun, men were falling out of the ranks in all directions, and the medical officers were busy in doing what they could for the sufferers. But their powers of help were very limited. Not a word of information had been conveyed to them as to the location of any hospital accommodation or ambulance, and they were left to administer what assistance they could with a flask of brandy or a word of encouragement. The day will come, we are sure, when it will not be believed that at the present time the medical officers of volunteers (the only officers who have really any serious responsibility) are totally ignored by the authorities. They have no organisation, no chiefs, no orders, no appliances. For years past they have been protesting against the anomalous position which they are forced, utterly against their will, to occupy. It is only quite lately that they again made an effort at the meeting of the National Rifle Association to remedy this evil, but of course unsuccessfully. The blunders of the review at Windsor are simply examples of the same incompetence which killed thousands of our men in the Crimea, which has over and over again decimated regiments with cholera in India by marches taken at improper times and without proper preparations, and which only the other day outraged public feeling by sending a cavalry regiment from Hounslow without food or care for the men. It is lamentable that, in a civilised country in a state of peace, with ample time for preparation, a citizen army of 27,000 men cannot take a walk in Windsor-park without suffering the miseries of famine and thirst, experiencing hours of delay in transport, and finding that there is a reckless disregard on the part of the authorities for the decent accommodation of those who, under such circumstances, necessarily break down. Somewhere between the War Office and the commanding officers of regiments there lies a weight of responsibility for the unnecessary suffering of Saturday last, to which we fear the public generally is not alive. Volunteers will do anything rather than complain of privation; but we are in a position to say, from all we have learnt, that their treatment at the late review was an instance of disgraceful mismanagement, and, in the name of the medical officers, we protest against the utter want of system which entails such disorder, and which threatens to ruin the reputation and sap the vitality of the force.

THE NEW POISONS BILL.

THE principle of the new Poisons Bill which has passed the House of Lords is different from that which has generally been

thought most likely to receive the approval of the Legislature. It has hitherto been imagined by many that some compulsory measure in regard to the keeping of all the more powerful, or the especially dangerous, medicines, would be the best means to guard against accident. The promoters of the new Bill, however, have gone upon the assumption that it is much better to rely upon enhanced intelligence on the part of dispensers as a whole. They have sought to debar persons from handling dangerous drugs until they have passed through such an ordeal as shall guarantee their being properly educated in pharmacy generally, and therefore presumably possessed of those qualities of care and forethought which are secured by scientific training. It was not until Government recognised this principle, indeed, that the commencement of a satisfactory solution of the matter was possible. At the same time, whilst we allow that at length a most proper course has been taken, we wish that the special value and general importance of incidental securities against mistakes may not be lost sight of. The adoption of some pretty uniform system in regard to the keeping and dispensing of dangerous remedies may be attended with some difficulty or inconvenience; but this must not be allowed to override considerations of public safety. Under one of the clauses in the new Bill, power is given to the Pharmaceutical Society, with the countenance of the Privy Council, to make such minor rules and arrangements as shall seem desirable to defeat the likelihood of accident. We therefore hope that the Society will set to work to bring about a general agreement amongst druggists as to the best mode of storing, keeping, and dispensing of poisons; and we are sure that the profession will readily adopt any satisfactory plan. We may say a word on one or two points. A greater distinction can be made between the bottle which contains the medicine "to be taken," and that to be "used externally." In some measure this is effected; but it should be possible to attain to almost entire uniformity. We think the general use of the slipper bottle for embrocations, for example, would be a good step. Even in the dark, accident would be prevented by the shape of the bottle. Then, again, with regard to the keeping of drugs in dispensaries. Amongst the better class of chemists, poisons are placed often under lock and key, in a separate case or part of the dispensary; and we think that this might be more generally done. It has been found that when poisons are isolated, attention is taken from the label; the mere keeping of the poison in a special spot is apt to be regarded as a great safeguard in itself, and dispensers are not so careful as they should be in referring to the name on the bottle. Inattention to the label has led to the confusion of strychnine and morphia, for instance. No doubt this is true, but there is not the slightest excuse for the neglect, which furnishes no argument against the isolation of poisons, as has been suggested. The fact of the isolation should only act as a stimulus to the exercise of additional caution in dispensing. However, the onus of preventing mistakes is now thrown upon the Pharmaceutical Society, and we hope that it will do its best to devise some uniform plan of procedure especially, by which the distinction in kind of medicine as dispensed may be clearly marked: such, for instance, as the use of the "drop" bottle, by which the attention of the dispenser or patient may be sharply called to the fact whenever he handles a poisonous or an exceptionally powerful drug. Whilst we approve, therefore, of the principle of the Bill, we attach great importance to what may be termed minor considerations.

THE PRINCIPALSHIP OF THE EDINBURGH UNIVERSITY.

IT appears hopeless for anyone out of Edinburgh, or rather out of the Senatus of the Edinburgh University, to presume to attempt to understand the feuds that seem permanently to disturb the serenity of that body. All who have the interest of the University at heart must wish to see these strifes ended. Yet there seems to be no immediate prospect of their coming to an end. And at this present moment there is a public illustration or exposure of them which is a reproach at once to the University and the medical profession. We are, perhaps, not yet quite in a position to say who is to blame for this state of matters. But it is one so discreditable that blame must rest somewhere, and the prime actors on both sides owe an explanation, not only to the Edinburgh University, but to the medical profession. Let us look at the public facts of the case. A Principal was to have been appointed last Thursday in the place of Sir David Brewster. It is generally understood that the majority of votes, four out of seven, would have been given to Sir James Simpson, whose teaching and discovery have certainly thrown great lustre on the University. The only "rival near the throne" was Sir Alexander Grant, whose name is but little known to the public, but who is favourably known to a section of it as the author of an able book on Aristotle, and in connexion with education in India. Whatever his merits, he had only three votes against Sir James Simpson's four; and under ordinary circumstances nothing could have happened but the election of Sir James Simpson. But this did not happen; and for this reason, that a petition was presented against Sir James Simpson's appointment, signed by twelve members of the Senatus. It is a matter of notoriety that some names very eminent both in the roll of Edinburgh professors and of the medical profession were included, and gave weight to what else would have been an uninfluential petition. Here, then, is a rare honour to the medical profession baulked by medical men. Who is to blame? How is our profession to rise in public esteem, how is it to rival in social power sister professions, in the face of incidents like this? Sir James Simpson may be an unfit man for the Principalship, but his superiority to Sir Alexander Grant will be believed in by the medical profession, who will expect some good explanation from those members of it who have tried to prevent his appointment. The election is deferred till the 6th of July, in order that the Lord Provost, who was absent, might have the chance of giving whatever consideration he pleased to the petitioners against Sir James Simpson's appointment.

THE NAVAL MEDICAL SERVICE.

THE letter of Dr. F. J. Brown in THE LANCET of last week points out very forcibly one cause of the unfortunate position in which medical officers of the navy find themselves the moment they come into collision with executive officers. But the Director-General of the Navy, so far from having a seat at the Admiralty Board as the representative of the important class of officers he directs, is actually under the control of the junior "sea-lord"—in the present Ministry, Rear-Admiral G. H. Seymour, M.P.,—through whom all his communications with the Admiralty necessarily pass. It is hardly to be expected, then, but that the bias of the "sea-lord" towards his former companions in arms should lead him to look with no eagle eye into complaints against executive officials from members of the medical department. We have reason to hope that, in Dr. Stirling's case, the attention of the highest authorities has at length been roused by the press to the merits of Commodore Randolph, and that justice will shortly be done; but there can be no excuse for the persistent manner in which Admiral Seymour has disregarded all the representations of the department.

We are not sanguine enough to hope that the Director-General of the Medical Department will ever occupy a seat in Whitehall; but we do expect that Dr. Bryson and his successors will shortly be relieved from the ignorant tutelage of a "sea-lord," and be put in a position to communicate directly with the responsible head of the navy, the First Lord. Although a naval man is hardly ever thought to possess that political

acumen which is necessary for a First Lord, it is not a little remarkable that an admiral, or even a captain, is held by the authorities to possess such an ample knowledge of scientific subjects that he can supervise the Director-General, and even upset his decisions. We take the wonderful "medical cadet" scheme of last year to have been an instance of "sea-lordship;" and would ask if it is surprising, under the circumstances, that surgeons will not enter the navy?

THE POOR-LAW MEDICAL REFORM MEETING.

THE aggregate meeting of Poor-law Medical Officers at the Freemasons' Tavern on Wednesday last was a great success. Not to mention the large number of gentlemen present from all parts of the country, there was a vigour and an intelligence in the speeches, and, with trifling exceptions, a unanimity of feeling, which represent a notable advance in the views of Poor-law surgeons over those which prevailed some twelve years ago, at the date of the aggregate meeting called by the indefatigable Richard Griffin, the father of Poor-law medical reform. We are heartily glad to see that the medical officers are at last alive to the absolute necessity of pressing on Parliament and the country a radical reform in the constitution of the Poor-law Board, which shall render that body a real and not a mythical and irresponsible body, and which, above all, shall constitute a medical department for the general supervision of all Poor-law medical matters. It is certain that if once this were done, all the main grievances of which the speakers at the meeting loudly and justly complained must rapidly disappear; and until such an arrangement is made, little substantial good will be effected. The Parliamentary power of the profession is very great, and we trust that it will be henceforward unceasingly and unflinchingly used till the most important and primary object be attained. Before all things, it is necessary that there should be perfect union, and unflinching resolution; and we are well assured that if these are present the evils now complained of must be redressed.

MAURITIUS.

OUR readers must have become wearied with the oft-told tale of fever at the Mauritius. We wish that we could perceive the near advent of a different state of things. The intelligence by the last mail is not such, however, as to afford matter for congratulation. There appears to be an ample supply of quinine; and in saying that we have said about all. There is still the same story: a great deal of writing and talking, much planning and devising, but nothing really worthy of the name of an effective sanitary scheme seems as yet to have been determined upon. At Port Louis disease was still rife; the inhabitants were dying of different forms of remittent fever, and the troops were still suffering from attacks. We want to hear that some plan for drainage has been agreed upon, and we get instead a long report by Dr. Francis Reid on the diseases treated in the prison hospitals of Mauritius, and a lot of papers containing anything but amiable discussions between medical officers of health and others. This is truly asking for bread and getting a stone.

The malarial causes of disease were, moreover, extending their sphere of influence, and from some cause or other the conditions of soil which had generated malaria at one part of the island are now found to be present in other parts. Mahebourg, once free from malaria, is said to be no longer so; and we should not be surprised if, by the time that a position had been secured on an elevated portion of the island, this had acquired as malarious a character. It is one of the disadvantages of the system of colonial government that the local authorities are afraid to encounter expense, or to incur any responsibility, and the home authorities are equally afraid to issue explicit orders on a subject which can only be determined by a mature consideration of facts which local knowledge alone can supply. Meanwhile, the commercial prosperity of the island is being sacrificed, the health, if not the lives, of our soldiers endangered, and the amount of disease and poverty of the inhabitants is necessarily increasing.

It appears to us that the most common-sense solution of the difficulty is *to remove the troops altogether*, and to send out a Commission from this country to investigate into the actual cause of the sickness, and devise measures for its removal.

THE UNIVERSITIES OF EDINBURGH AND ST. ANDREWS.

WE have already announced at various times the candidature of Dr. Lyon Playfair and Mr. Archibald C. Swinton for the honour of representing the Universities of Edinburgh and St. Andrews in Parliament. We have not hesitated to choose between these candidates. Mr. Swinton is a lawyer, was formerly Professor of Civil Law in the University, and would represent what it is the fashion now to call constitutional principles. Dr. Playfair is a graduate of St. Andrews, and Professor of Chemistry in the Edinburgh University. His principles may be learnt from the liberal and comprehensive address which was published in our advertising columns of last week. His committee already numbers 700 graduates and other members of Council. The choice of many must turn, and properly so, on political principles. Where these do not sway, Dr. Playfair will be likely to be preferred on the ground of his scientific reputation, and his interest in the great educational problems of the day. Within the last few days another medical candidate has been spoken of,—Dr. Richardson. Dr. Richardson needs no praise from us, and he will not misunderstand us if we seek to dissuade him from being induced at this stage to come forward. Dr. Richardson, under many circumstances other than the present, would make a most efficient representative of the Universities; but in our opinion he will consult their interest by declining to stand now. We believe he could not possibly be returned, and the only result of his coming forward would be to imperil the return of Dr. Lyon Playfair, who must be regarded as the accepted scientific candidate on this occasion.

THE CHIEF SURGEON TO THE POLICE.

ON Monday evening last Mr. Grove, M.P., asked the Secretary of State for the Home Department some questions respecting the duties of the Surgeon-in-Chief of the Metropolitan Police. Mr. Hardy's answer made known publicly for the first time an arrangement which was sanctioned by his predecessor, but which at the time of its ratification was a good deal canvassed privately in professional circles—that Mr. Holmes was allowed to take private practice on condition that the salary, which had been £800, should be reduced to £500. As the Surgeoncy to the Police was one of the very few well-paid appointments open to the medical profession, we cannot but regret that such an arrangement should ever have been proposed, and we trust that when an increase of private practice shall necessitate Mr. Holmes's resignation the original arrangement will be reverted to.

ST. THOMAS'S HOSPITAL.

SEVERAL of the old students of St. Thomas's met at Mr. Whitfield's on the 18th, to consider the most appropriate mode of expressing by some substantial gift their attachment to their old school now that the Hospital is being rebuilt. Mr. South was in the chair. A sub-committee was appointed to report on the matter to a general meeting to be convened shortly. The gentlemen composing it are Drs. Barker, Sedgwick Saunders, Carpenter, Clapton, Messrs. South, Solly, Stone, Whitfield, and Le Gros Clark, with Dr. Sedgwick, of 2, Gloucester-terrace, Hyde-park, honorary treasurer and secre-

tary, who will be glad to hear from old pupils. The subscription is not to exceed two guineas.

THE COLLEGE OF PHYSICIANS.

AFTER a discussion protracted beyond midnight on Monday, the Council of the College of Physicians selected nine members to be put in nomination for the Fellowship of the College, and the usual notification has been made to those gentlemen individually. The list of nominees is before us, but for obvious reasons we withhold for the present its publication. We learn that a very important motion of a liberal character will shortly be brought before the College in reference to the admission of Fellows.

THE WINDSOR REVIEW.

AT the review on Saturday last, three disabled men were taken to the Windsor Infirmary. One of them had sustained an injury of the hip-joint, another a severe sprain of the ankle, and the third fell out of the ranks profoundly faint, trembling as if from sunstroke.

DEVONPORT WORKHOUSE.

WE learn from Devonport that, at the last fortnightly meeting of the board of guardians, a report was agreed to recommending an expenditure of £400 in improving the condition of the workhouse and the comfort of the inmates; thus bearing out the truth of the statements made by Dr. Stallard. At the same meeting Mr. W. P. Swain brought forward and carried a motion for a return of the number of paid nurses in the infirmary, their ages and qualifications, and the average number of sick each nurse had had to attend during the past six months.

THE PROPERT MEMORIAL.

A MEETING of old Epsomians and their friends, and it is to be hoped a large one, will be held on July 13th, Dr. Thornton, head master of Epsom College, in the chair, to determine the form which the proposed memorial to the late Mr. Propert shall take. There is a general feeling in favour of founding a library. The suggestion is an admirable one; for whilst it would tend in an especial manner to perpetuate the memory of the founder of the College, it would, if acted upon, materially enhance the utility of the school, and benefit not only present students, but also the sons and descendants of medical men who may take advantage of the College in years to come. For this reason we hope that the scheme will be well supported, not only by the *alumni* of the College, but by all those who are interested in advancing the education and welfare of the profession.

OUR WEST INDIAN GARRISONS.

IT will probably be in the remembrance of our readers that yellow fever prevailed a good deal last year at different stations in the West Indies, and that its appearance and persistence amongst the men of the 84th Regiment stationed at Newcastle, Jamaica, attracted considerable attention. A commission was, we believe, appointed to inquire into the circumstances attending the prevalence of the disease at such an altitude as that of Newcastle, and it is understood to be still occupied with the investigation. There were several local causes of an insanitary kind in existence at the station at the time, and we stated that it would be a matter of considerable interest to determine whether such causes were adequate to originate the disease irrespective of any introduction from without. We have since been informed that on the last, as on a previous occasion, there was very strong evidence for believing that the yellow fever did not originate at the elevated position of Newcastle, but was conveyed there by troops who had contracted the disease on the plains. We may, no doubt, effect a great deal by sanitary measures in these climates, but nothing will render them healthy localities for European troops, and every effort should be made, on medical grounds, for maintaining their number at a minimum. We are glad to learn, on the authority of the *United Service Gazette*, that Demerara, a tropical locality below the level of the sea, is not to be garrisoned by our soldiers in future, and it is said that the neighbouring island of St. Lucia has been recommended instead. In former years the result of quartering troops there was most disastrous, but the men were on those occasions greatly overcrowded, and fed on salt rations. The bush has since been cleared away, and the latest experience has been, on the whole, so far favourable as to have led the authorities to recommend the island as a station for a company of about 100 men, for which number there is said to be ample barrack accommodation. When will these colonies, however, be taught to rely on themselves for protection? The possession of Jamaica, Barbadoes, Demerara, and the rest, causes annually a lamentable waste of life and money to this country.

THE POOR MAN'S MEAT.

As so many diseases of the poorer classes arise from, or are intimately associated with, a defective nutrition, we may direct attention to an article on this subject in the *Daily News* of the 19th instant. It is pointed out that the poorest classes have to depend upon what is termed "offal"—the head, tail, kidneys, tongue, heart, liver, skirt, and similar portions of the animal—for their supply of animal food. It has been conclusively shown in the evidence taken before the Metropolitan Cattle Market Committee that the compulsory slaughter of animals at Dagenham, instead of in the present localities, would lead to the withdrawal of those parts from the retail markets, to the grievous injury of the humblest classes of our metropolitan poor.

THE REPRESENTATION OF BATH.

WE are glad to perceive, from a report in *Keene's Bath Journal*, that a most influential meeting had been held in that town to afford Mr. Donald Dalrymple (an eminent member of our profession, and one of the great Norwich family), who has been selected to contest the representation of the city in the Liberal interest, in conjunction with the present member, Mr. Tite, an opportunity of expressing his opinions upon the leading questions of the day.

Mr. Dalrymple addressed the meeting in an able speech, which sufficiently proved his ability to represent, not only the electors of Bath, but his professional brethren throughout the kingdom, in the House of Commons. Mr. Dalrymple is in a position to devote all his time and energies to his duties as a legislator. It is scarcely necessary to say that we heartily wish him success. We trust the medical practitioners at Bath will unite as one man to put Mr. Dalrymple at the head of the poll in the forthcoming election. The profession require such a man at this time in the House of Commons.

DR. SLATER AND THE CHAIRMAN OF THE ISLINGTON BOARD OF GUARDIANS.

MR. HARVEY, the chairman of the Islington Board of Guardians, animadverted very strongly on the conduct of Dr. Slater, in stating before a coroner's jury that he was called upon to attend 200 cases of sick poor weekly. Mr. Harvey said the number of new cases did not average more than 40 per week, and summoned Dr. Slater to appear before the Board. The medical officer attended, and showed by his weekly returns for the past year that, taking the new cases with the old, which he was called upon to attend, some daily, some twice or three times a week, the strictly correct weekly average was 170; yet in certain weeks he had attended 224, 232, and even as many as 250 patients. Upon this conclusive statement no motion was made.

EXAMINERS AT THE COLLEGE OF SURGEONS.

AT a Special Meeting of the Council of the College of Surgeons, on Thursday, the 25th inst., Mr. Lane was elected an examiner in place of Mr. Luke, resigned. The election of an Examiner in Dental Surgery was postponed until after the election on July 2nd.

THE President of the General Medical Council gave a conversazione at his house in Cavendish-square on Wednesday evening, which was numerously attended by members of the Council and by the leading practitioners of the metropolis.

THE Kent Benevolent Medical Society will hold its next annual meeting at the Ship Tavern, Greenwich, on Wednesday, July 8th, at 2 P.M.,—Mr. Robert Mitchell, President, and Dr. Carr, Vice-President. This excellent Society—the subscription of membership of which is £1 1s. annually—disburses upwards of £300 a year among its decayed members, widows, and orphans.

SIR JOHN LUBBOCK is no longer a candidate for the representation of the University of London in Parliament: he stands for West Kent.

WE hear that no less than 530 gentlemen intimated their intention of entering the matriculation examination at the University of London. This is, perhaps, the largest number on record.

THE University of Naples has been closed on account of the hostile demonstrations of the students against Professor Luca.

THE annual meeting of the Medico-Psychological Association will be held, by permission, at the College of Physicians, Pall Mall, on Tuesday, August 4th.

DR. GAVIN MILROY has been presented with twenty-five guineas by the College of Physicians, as a slight acknowledgment of his services as Secretary to the Committee on Leprosy. The money will be devoted to the purchase of an inkstand, which will be a fitting memorial of the valuable services of Dr. Milroy.

THE Right Hon. Lord Dufferin, K.P., F.R.S., presided at the annual distribution of prizes to the successful students in the faculty of Arts and Laws at University College on Wednesday last. It appeared from the report read by Dr. Hirst that a total number of 377 gentlemen "entered" during the year—an increase of 53 over the previous year.

THE Emperor of the French is giving serious consideration o the question of the insane, and particularly the right which their parents or friends possess of having them shut up in an asylum on the strength of a simple certificate from a medical man. It would appear that several high authorities on the subject have already been called in by the Emperor.

A QUESTION was put on Monday evening in the House of Commons, by Mr. Candlish, relative to the consolidation of the Merchant Shipping Acts, which elicited from the Vice-President of the Board of Trade a reply to the effect that the Bill would probably be laid on the table of the House shortly, in order that it might be perused by members during the ensuing recess. We would earnestly recommend to the Board the advisability of altering a permissive clause of the Act passed last session relative to the inspection of seamen. Many proofs have been lately adduced as to the necessity of such inspection; it has been clearly shown that the system would assist in a very great degree the operation of the Contagious Diseases Act; and the Board have already provided the proper machinery for its efficient working: so that the adoption of a compulsory clause would now be proper and feasible, and would, by its operation, vastly improve the sanitary condition of our mercantile marine, and so aid the safety of our ships at sea. There is good reason to believe that this measure would be favourably received by shipowners and ship-captains, and that its working would not obstruct commercial interests. We trust that the medical advisers of the Board of Trade will be consulted on the subject, so that it may receive full and complete consideration before the forthcoming Bill appears.

THE following notification of appointments of teachers and examiners in Vaccination by the Privy Council, appeared in last Friday's *Gazette*:—

Qualification of Public Vaccinators.

"Whereas it is required under the regulations set forth in the Order of the Lords of the Privy Council, dated December 1st, 1859, that persons to be thereafter contracted with by the guardians and overseers of unions and parishes in England for the performance of public vaccination shall (except in certain cases) produce a certificate of proficiency in vaccination, given, after due instruction and examination, by some public vaccinator whom the Privy Council authorises to act for that purpose:

"Notice is hereby given that, subject to the same conditions as their Lordships have heretofore appointed in the like matter, and subject also to their Lordships' further orders, Mr. Charles Harriott Roper, of 48, Magdalen-street, Exeter, officiating as public vaccinator in the Exeter Incorporation, is authorised to give certificates for the purposes of the aforesaid order to persons whom he, at his appointed station, shall have examined or instructed in vaccination.

"JOHN SIMON.

"Privy Council Office, June 16th, 1868."

The same *Gazette* also contained a similar notification of the appointment of Mr. Patrick Foley John Kenny, of the General Dispensary, Birmingham, to be one of the Privy Council Vaccinators.

AN influential meeting of gentlemen belonging to various parties and sects in the town of Birmingham was held on the 12th inst., at the house of Mr. J. C. Bracey, in Old-square, for the purpose of forming a Birmingham branch of the Association for the Extension of the Contagious Diseases Act. The Rev. Dr. Wilkinson occupied the chair. A branch was formed, and steps were at once taken to collect information relative to the prevalence of enthetic disease in the town of Birmingham.

SOME of the Parisian journals mention that the Minister of Public Instruction has proposed a dinner to the professors of the Faculty who have been the most severely treated by the ultra-Catholic party. The fact, if correct, may be considered as a protest on the part of the Minister against the party alluded to, who are heaping difficulties in his way, and doing their best to turn him out of office.

POOR-LAW REFORM.

AGGREGATE MEETING OF MEDICAL OFFICERS.

A VERY large meeting of the Poor-law medical officers of London and the provinces was held at the Freemasons' Tavern on Wednesday last,—W. J. Clements, Esq., M.P. for Shrewsbury, in the chair. Letters, regretting their absence but expressing their sympathy with the object of the meeting, were read from Mr. Stuart Mill, M.P.; Mr. Thomas Hughes, M.P.; Sir John Simeon, Bart., M.P.; Mr. Göschen, M.P.; Mr. Cranfurd, M.P.; Mr. Ayrton, M.P.; Mr. Butler, M.P.; Dr. Burrows; Sir W. Jenner; Dr. Parkes; Dr. Rumsey; Mr. J. B. L. Baker; and it was stated that others similar in tone had been

received from gentlemen in every county in England and Wales. Amongst those gentlemen present were C. Neate, Esq. (M.P. for Oxford), Mr. B. Baker (Marylebone), Dr. Rogers, Mr. Norton (Holborn), Mr. Bruce (St. Luke's, City), Dr. King (Camberwell), Dr. Welch, Mr. Simmonds (Newington), Dr. Thomas (Marylebone), Dr. Burchell (Shoreditch), D. C. F. Lewis (Henfield, Sussex), Dr. J. C. Reid (Newbiggin, Northumberland), Rev. Harry Jones, Dr. T. B. Richardson, Dr. Wakley, Dr. Sequeira, Mr. Mundy, Dr. Tilbury Fox, Dr. Drysdale, Dr. Richardson, Dr. Smith (Lambeth), Dr. Nicholas (Wandsworth), Mr. E. P. King (Chepstow), Mr. R. Wilding (Church-Stretton), Dr. Cook (Hampstead), Mr. Balding (Barkway), Mr. Benj. Baker (Brentwood), Mr. Pridmore, Dr. D. B. Balding (Royston), Mr. A. Napper (Cranley), Dr. Torrens (Rugby), Dr. Gale (Poplar), Dr. E. Goddard (Clerkenwell), Mr. L. M. Goddard, Mr. Nicholls, Mr. Hudson (Clerkenwell), Dr. Anstie, Mr. W. D. Mitchell (Gloucester-gate), Mr. Frost (Kensington), Dr. Stallard, Dr. Fowler (East London), Mr. Guazzaroni (Kensington), Mr. Keate (Shrewsbury), Mr. Prowse (Amersham), Mr. Bannister, Mr. Lord, Mr. Lampreys, Mr. J. M. Donne, Dr. Bridfelt, Dr. E. Sandwell, Dr. H. Stear (Saffron-Walden), Dr. Tucker, Dr. Septimus Gibbon, Mr. H. Nelson Hardy (Dublin), Mr. H. Muggeridge (Reading), Dr. J. L. Green (Tisbury), Mr. S. Dale, Dr. Shears (Streatham), Mr. Campbell de Morgan, Dr. Ed. D. Barlow, Mr. Jabez Hogg, Dr. S. Sawyer (Spitalfields), Dr. Addison (Chelsea), Dr. Howard, Mr. Wheeler (Bexley, Kent), Dr. D. Fleming (Stamford Union), Mr. H. Terry, jun. (Northampton), Mr. T. E. Webb, Rev. J. B. Payne, Mr. W. H. Boland, Mr. Harry Leach (*Dreadnought*), Dr. W. Saul, Dr. Edwd. Jones (Sydenham), Dr. Mackenna, Dr. P. Oates, Mr. F. Godrich, Dr. Whiteman (Putney), Mr. W. Powne (Billingborough Hall), Dr. Goodfellow, Mr. Alfred Fleischmann (Cheltenham), Mr. T. Sills (Billingborough), Mr. J. Baxter Langley, Mr. R. L. Johnson, Dr. Wollaston (Shrivenham, Berks), Rev. T. W. Fowle, Mr. John Norton, Dr. Thomas, Mr. W. P. Cullen, and a large number of medical students.

The CHAIRMAN spoke as follows:—Gentlemen, it affords me much pleasure to meet you here to-day, and I regret that my extreme hoarseness renders me a very inefficient chairman. I have always felt the greatest interest in all that relates to our common noble profession, and I have closely observed the labours of Mr. Griffin in bygone years, and those more recently of other gentlemen who have striven to improve the administration of medical relief to the sick poor. I regret that up to the present time so little improvement has been effected, but we must not on that account despair of eventual success. And although the opposition of guardians and the indifference of the Central Board might be as great as ever, yet I believe that there is growing up a healthy public opinion which in time will work out good results both for ourselves and the sick poor, and for this prospect we are greatly indebted to the press. Regarding a better treatment of the sick poor as a question above party, men of all shades of political opinion have united in pressing upon the Legislature the necessity for extensive reforms. I consider that the originators of this meeting have acted wisely in calling us together at this time, for the days of the present Parliament are drawing to a close, and you will soon be solicited by candidates for your votes and influence. Before pledging yourselves, I would strongly advise you to ask candidates that in the event of their being returned they would promise to remember your onerous obligations, your miserably insufficient payment, the total absence of any approach to uniformity even in the same unions, the risks you run of contracting mortal disease, and the various forms of illness that may affect you and your families, and to support any measure that might be brought forward with the view of doing you the justice which all parties admit to be your due. I shall not refer to the resolutions to be brought forward, as I should anticipate the arguments which will be advanced by the various speakers. It is, certainly, very desirable that there should be a Central Board consisting of *responsible* members, not *dummies*—men well known to the public, and who should consult upon all important questions as they arose, and establish uniformity in all suitable matters. It is sad to reflect that no public department is in such continued bad odour with the public as the Poor-law Board, and this, I believe, is due to its unsatisfactory and unrepresentative character. One thing is very certain, it is absolutely essential that a larger *medical* element should be introduced into the discussions of the central body. Speaking of medicines, the Chairman observed that he regarded the supply of medicines as part of the contract of the medical officers; it appeared to him that it is derogatory to the character of an educated and liberal profession that the medical officers should be called upon to supply the medicines. In all large towns, and in all possible places, drugs and appliances should be found by the guardians. Permanence of appointment he considered to be absolutely requisite if Poor-law medical officers are faithfully and honestly to perform their duty. In conclusion, he trusted that gentlemen will be united, and that they will show to their opponents that the supposed bane of the profession—intestinal division—will not operate to their disadvantage on the present occasion.

Dr. ROGERS then rose and said: The cause we are met here to advocate is one which in these latter days is receiving much consideration, not only from the politico-economist, but the benevolent and charitable both in the upper and middle classes of society. It well might. The question is how can the 1,250,000 persons who annually fall sick and become the patients of Poor-law medical officers be best dealt with. Feeling assured the answer will be that reform is absolutely necessary, I have, with the concurrence and co-operation of many others, invited you here to-day for the purpose of deciding upon such course of action as will give a stimulus to the movement, and thus strengthen the hands of the well-wishers of the sick poor and their medical attendants. The resolution which I shall presently submit starts with this proposition, "that it would be conducive to the best interests of the State that the Poor-law Board should consist of a definite number of responsible members." This ground has been taken because there is now a very wide-spread opinion that what is popularly known as the "Poor-law Board" is not a distinctive corporate entity, but a mythical body. There are, certainly, a President and a Parliamentary Secretary who are known, but generally it is for a very brief period only; no sooner do their names become familiar, and they begin to find their way about the office, and the positions of the various pigeon-holes, than they are gone. In two years there have been three presidents and three Parliamentary secretaries, and yet during these two years a more vigorous agitation and larger consideration of Poor-law matters has been going on than has taken place previously for many years. Now, it is currently believed that because there is a president, a Parliamentary secretary, and a "Board," that, therefore, there is a deliberative body that meet and consult upon the various questions that constantly come up from the provinces for settlement; but, having had leisure for investigating this subject, I am in a position to assert, positively, that no such Board exists. Either the President, if he was a strong-minded man, did all the thinking and acting, or, if he was a weak one, then the initiative was taken by the permanent secretary, aided, probably, by one or two other members of the staff who might occasionally be consulted. In confirmation of this, I will state that when the Metropolitan Poor Bill was passing through the House, being in the gallery, I heard that when General Orders were issued (these orders requiring to be signed by three members of the Board), it was customary to send them to the offices of the other Cabinet ministers (viz., the President of the Council, the Lord Privy Seal, the Secretary of State for the Home Department, and the Chancellor of the Exchequer!)—who, nominally, made up the Board—for their signatures, and that such signatures probably were given in ignorance of the contents. I would ask, who was the Board when Lord Devon was away for weeks in the South of France during the terrible distress in the East of London this last winter? I very much wish that some independent member would move for the production of the minutes of the "Board" meetings: who attend, and how often; and, generally, that we might learn something as to the mode in which the business of an office, costing some £60,000 a year—the distribution of which I will not attempt to unravel,—was conducted. I am of opinion that these are points that should be raised even at a meeting of this kind; for, if my information be correct, the contradictory policy of the Board could be understood, and it could be explained why a decision arrived at at one time should be reversed at another. [Dr. Rogers cited, as an instance, the Board's views on the employment of assistants and apprentices some years ago and their recent circular on the same subject. He then, with the same object, referred to the recommendation of the House that in future cod-liver oil, quinine, and other expensive medicines should be provided at the cost of the guardians, subject to the orders and regulations of the Poor-law Board, and the mode in which it had been carried out.] I will not weary you (continued the speaker) with details showing how completely the inspectorial system has broken down, and how utterly unfit many of the inspectors are, by previous education and pursuits, to carry out the duties for which they were appointed.

That was now officially admitted; for had not the Poor-law Board recently, by a general order, directed that the workhouse surgeons should do these gentlemen's duty for them? I will content myself with one concluding remark—that some of these inspectors appear to me to have been the willing accomplices in what, with ordinary intelligence, they must have known to be flagrant wrong-doing against the most dependent and the most helpless of their fellow-creatures of this country. But some have acted far otherwise—if it be true, as has been asserted, that grave complaints have been from time to time sent to the office in Whitehall and there invariably suppressed, and there can be no doubt as to the causes which led to the expulsion of such a man as Mr. Farnall from the metropolitan district. There are many other reasons why a recast of the office is necessary—viz., the failure to recognise the continuous increase of the sick and infirm in workhouses and to suggest a remedy; the neglect to press sufficiently, or at all, the importance of complete classification, the want of which is a cruel injury to decent old men and women, and leads too frequently to the contamination of young females; the helpless dependence on local officials for the proper treatment of casuals. But these are subjects on which I hope hereafter to treat before a lay auditory on another platform. The second part of the resolution is to the effect that as the present arrangements for the treatment of the sick poor are unsatisfactory, the control of all medical arrangements shall be immediately subjected to a special Medical Department. That the arrangements are unsatisfactory, your presence here—the continuous agitation, the frequent resignations and wide-spread discontent—conclusively show; but in order to carry conviction to the public and to the House of Commons—to which alone we must look for reform—it will be necessary not only to proclaim aloud your grievances as they are called, but it must also be shown, and that conclusively, that you are not the principal sufferers, but that your patients, the sick, suffer the most. We must tell the public that sickness among the poor is the prolific parent of pauperism; and that if the means of the poor man's doctor are so limited that it is a constant struggle between his interest and his conscience as to how he should faithfully perform his duty, that then it is cruel thus to expose him to temptation which might be beyond his strength of mind and purse to bear, and from which the poor might suffer. If a special department existed, do you think that unseemly differences would so constantly arise between medical officers, anxious to do their duty, and local officials and guardians, who might not have the wit or the honesty to perceive the value of their suggestions? Do you not think that there would be in time some approach to uniformity in salaries in proportion to services rendered, and that they would not vary as they now do, not only in different unions, but in different districts of the same union? I know it might be said the Poor-law Board has two medical advisers already. Why cannot we be satisfied? I can, however, but express an opinion that the Presidents have been singularly unfortunate in their selection of these gentlemen. Neither of them has ever been known to be in any way associated with Poor Law matters, or ever visited the interior of a workhouse before they had been elevated above the heads of many more able gentlemen who had grown grey in the service. Added to which, being united to a bad and effete system of management, they had cast in their lot with the office as it was, and were now as obstructive as any official there. That public opinion is setting in this direction is shown by the recent decision of the select committee of the House of Lords, which has decided, contrary to the views of the office, that more medical inspectors were required. I sincerely trust that no opposition will be made to this suggestion in the House of Commons. But before sitting down, I would urge upon you, as one feeling the deepest interest in this question, that you should be united. You are an important body. Your numbers are great, and you can reach the ear of the House. But how? Many of the members are the private patients of the Poor-law Medical Officers. Avail yourselves of your opportunity, and tell them that the existing Poor-law Board is a delusion, and requires re-organising; that the treatment of the sick poor is unsatisfactory, and requires amendment, that you have not the wherewithal honestly to do your duty to yourselves and to your patients; that the burden of the cost of prolonged and preventable sickness and of pauperism springing from it falls, as a retributive result, eventually on the rate-payer. Do more than this. A general election is impending. Let every medical officer—nay, let every medical man—in the land use his influence, both personally and through every humane patient, to impress upon candidates for parliamentary honours the importance of Poor-law questions, and endeavour to secure for them at least a fair, candid, and early consideration before the House. I have counselled unanimity. That unanimity would be effectual is proved by the following:—When the agitation initiated by the Workhouse Infirmaries Association, was at its height, a circular was sent from the Poor-law Board to the metropolitan workhouse surgeons, in which they were asked to give their opinions on certain points. Their disunion was counted on, to send in contradictory statements. One came to me; I was then a union surgeon. I immediately called a meeting of the workhouse medical officers, two-thirds of whom attended. Answers, uniform in character, were sent to the Board. There "was a chiel amang them takin' notes." He printed them. And when the President, Mr. Villiers, saw what they had done, as a man open to conviction he at once gave way, and said to a bystander, "if the union surgeons of London were united, it is right to listen to them." From that meeting the Metropolitan Poor Law medical officers' Association originated. Let the same be done to-day. Let unanimity prevail, and I promise you that the same result will follow; and then, at no distant date, the huge wrong-doing of the existing system will be a thing of the past; and your children, as they read the history of this agitation, will wonder how it came to pass that an evil so great, and reflecting so much discredit on a christian land, should have been permitted so long to have continued.

DR. COLBORNE, of Chippenham, in seconding the resolution spoke first of all against the present Poor-law system and its oppressive action on our profession. Poor-law medical officers are miserably underpaid, overworked, and placed in a most objectionable position; subject to officers and administrators who are generally their inferiors, socially, intellectually and morally, and who conceive their interests opposed to and endangered by the granting of those conditions we deem requisite for the proper discharge of our duties. He then called attention to the enormous loss entailed by forced connexion with the system, and proceeded to argue that the present system interferes in the labour market, depressing wages, and in many ways lessening the labour power of the country: injuring the characters of both masters and workers; cursing those who give and those who take; and to a degree familiar to us but awfully shocking to realize, breaking the force of the natural God-implanted ties of kindred and affection. For why, argues the poor man, should I help my parents or relatives; the more I do the less the parish will do. Making the labourer doubly poor by teaching him to be thriftless and improvident. Why, again says he, should I save the parish? parish help is my right. Mr. Colborne continued, but one great obstacle in the way of reformation is the Poor-law Board. After what has passed during the last few years none who have paid attention to our public papers can doubt it. Their belief is, Great is the poor law, its foundations, benevolence and justice, and we its prophets. To let in upon them an independent medical element can be but the beginning of great change—of the overthrow of the wretched system they interpret and direct. But they must take the dose of doctor honestly, and at once, and in sufficient quantity; not taken now and then, a half convert to their views, and making him, like themselves, a blind upholder of the present state of things. The resolution was carried unanimously.

Mr. NUNN, of the Middlesex Hospital, supported the resolution, and read a letter from a guardian, expressing a very strong opinion on the advantage of State payment of medical officers, and of an increased system of remuneration.

Dr. BALDING, of Royston, also spoke to the resolution.

Mr. PROWSE, of Amersham, then rose, and said that he had the honour of proposing the second resolution. The resolution that had just been passed was one bearing on the constitution of the Poor Law Board. This, in his opinion, needed to be supplemented by another affecting the General Order of the Board, dated May 25, 1857, and the way in which that order had been carried out, or rather the way in which it has *not* been carried out. The 2nd Art. of that order is as follows:—

"Every district medical officer duly qualified as aforesaid at the time of his appointment, *and then being, or within two months after his appointment becoming resident within the district for which he shall be appointed to act*, shall hold his office until he shall die, or resign, or be proved to be insane by evidence which the Poor Law Board shall deem sufficient, or become legally disqualified to hold such office, *or be removed by the said Board, or cease to reside within such district.*"

It was as follows:—

"That this meeting is of opinion it is desirable that in the 2nd Art. of the General order of the Poor Law Board, dated May 25, 1857, the words referring to residence within the district be omitted; and that, since the words 'or be removed by the said Board, give unlimited or at least too large a measure of arbitrary

power to the said Board, these words either be expunged or be altered to 'or be removed by the said Board after a public inquiry, of which due notice shall be given.' And that some means be adopted to insure the uniform carrying out of the General Order so altered throughout the whole country."

In the remarks he made, Mr. Prowse observed that when an officer is not legally disqualified, before he shall be dismissed by the Poor Law Board, a public inquiry shall take place, so that all interested in the proceedings of the Board may judge of the merits of the case. We cannot conceive, said he, anything more reasonable or just than that when the Board goes beyond the law its proceedings should be held in some slight check by being made amenable to public opinion. We propose, therefore, that the words "or be removed by the said Board," shall either be expunged or altered to "be removed by the said Board after a public inquiry, of which due notice shall be given." The bearing of this point on the well known cases of Drs. Rogers and Ransom is so clear that there is no need to point it out. The last point is, "that the order, so altered, should be uniformly carried out." This I need not enlarge upon. Hitherto the order, as it is now worded, has not been uniformly carried out. Why is this? The Board either has the power of enforcing it or it has not. If it has not, why, in the name of common sense, was the order ever made? If it has, why in the name of consistency was it not uniformly carried out?

Dr. CHARLES DRYSDALE seconded the resolution, and it was carried unanimously.

Dr. RICHARDSON, F.R.S., moved the third resolution:—

That this meeting is of opinion that it is desirable to insert clauses in the Poor Relief Bill now before Parliament:—

"(a) To give effect to the opinion of the Poor Law Board that the providing of Medicines by Guardians is an expedient course: (b) To make clause 38 of the Metropolitan Poor Act, 1867, compulsory on the Poor Law Board: (c) To enable the Poor Law Board to direct the formation of Dispensary Districts in the larger Provincial Towns, &c., as and when they shall think fit."

After discussing very fully the nature and scope of the three sections of the resolutions, Dr. Richardson concluded thus:—In this effort of yours the interests of the poor are paramount. If I could bring myself to the belief of any divergence in the ordinances of nature, it would be on behalf of a miracle that should lift up the poor of this great country to the veritable sight and shaming of the rich. To stamp out poverty by the workhouse; to drive it out by starvation and ignoble labour; to kill it by letting disease run riot; and by all these means to remove it either to become accursed in a gaol or blessed in some foreign land of promise—that is our present system in all its integrity. This dispute between political and medical sections is an apt illustration. When the wealthy man sees death near medical aid is taxed to cracking point. All must be done. This man, these men, must prescribe; that man, these men, must dispense. Money, time, pshaw! of what moment are they by the value of that one life? When the poor man sees death near at hand medical aid is spat on. (Applause.) Nothing must be done. This one practitioner—torn, jaded, sleepless—must visit, must dispense, must do all. Time, money, pshaw! of what moment is the value of that life to them? Let the man die, and when the doctor pleads that his poverty interfered with his skill, let the answer be as it is:—"We pay thy poverty and not thy skill." (Cheers.) Gentlemen, honestly in asking you to carry these resolutions, I have, I hope, kept within the bounds of rigid truth and reason. You must demand, demand, demand! till you gain your place; but it is not to men, it is not boards or offices, it is to the nation. You must cry until it hears you and understands your earnest, your just call. And as the national heart is sound when its senses are awakened and its mind receives impressions calmly, so in time, if you persist, the nation must hear, judge, and feel both for you and for the poor whose cause, not less than your own, in the midst of unknown difficulties, you so nobly espouse and so generously plead. (Loud cheers.)

Mr. BENSON BAKER seconded the resolution, which was carried unanimously.

The CHAIRMAN here regretted that he was compelled to leave the meeting, but said,—Whether I am in the new Parliament or not, you may count upon my cordial co-operation in your efforts. The chair was then taken by Dr. Rogers, and on the motion of Mr. Fleischmann, it was decided that copies of the resolution should be officially sent to the Workhouse Medical Association, and the British Medical Association, asking for their co-operation.

The last resolution was one proposed by Mr. Bruce, and seconded by Dr. Reid, "that a petition embodying the foregoing resolutions be drawn up and signed by the Chairman, on behalf of the meeting, and presented to both Houses of Parliament, praying for a hearing by a special committee of the House of Commons."

A resolution was proposed by Dr. Griffin, of Southampton, who represented Mr. R. Griffin, of Weymouth, to the effect that the Metropolitan Medical Officers' Association and the Poor-Law Medical Reform Association should be amalgamated, that the council should consist, as far as practicable, of one-half London and one-half provincial medical officers, and on such being carried, Dr. Griffin handed over a cheque for £50 to Dr. Rogers, in aid of the expenses of the new association.

A vote of thanks to Dr. Rogers terminated one of the largest, certainly the most unanimous, meeting of the Poor-Law medical officers we have witnessed.

THE ROYAL COLLEGE OF SURGEONS.

ABSTRACT OF MR. LE GROS CLARK'S LECTURES ON SURGICAL DIAGNOSIS.

LECTURE IV.

MR. CLARK devoted his fourth lecture to the important subject of head injuries. The indications of these lesions were both objective and subjective—the signs of fracture and the symptoms of functional disturbance. Fracture alone was of little importance, and, without symptoms of brain disturbance, interference was only justified when the fracture was accompanied by depression. In a "punctured fracture," in which the inner table was probably more extensively fractured than the outer one, if there were no present symptoms, interference with a trephine was not, in the lecturer's opinion, justifiable. If pus formed between the dura mater and the bone, it might be let out, though the trephine then gave but little chance of relief. It was more often successful in cases of disease than of injury, because then the injury to the brain was absent, which formed the chief danger in the other cases. In diagnosing fracture the symptoms of compression had to be carefully separated from those which may be produced by the shock of a blow on the head. In children there was a mutual accommodating property between the skull and the brain, which admitted of considerable depression without the occurrence of symptoms of compression, and probably without fracture of the skull. An interesting case illustrative of this point was mentioned by the lecturer.

Of fracture of the base, the most reliable, though the least frequent, sign was pharyngeal extravasation, and next perhaps extravasation about the orbit, coming on some time after the injury, and first apparent on the ocular conjunctiva. Another sign was the oozing from the ears of a serous fluid, which, when abundant, could have no other source than the subarachnoid space. Signs of lesion of the cranial nerves were often valuable in conjunction with other symptoms. When affected on the side opposite to the injury they were rather due to hæmorrhage than to the effect of the violence directly on the nerves.

Mr. Clark then examined at considerable length the doctrine of fracture by *contre-coup*. The application of the term to fracture of the base by a fall on the head he considered quite fallacious, since the fracture in that case was perfectly direct—the result of the impetus of the body upon the condyles of the occipital bone. Whether it could result from the concentration at a given point of vibrations transmitted in all directions round a heterogeneous body like the skull, was very questionable, and it certainly could not result from vibrations transmitted through the brain. Probably supposed fractures by *contre-coup* were produced under conditions unknown to the investigator. At any rate, all those fractures not immediately connected with the seat of injury, which the lecturer had met with, could be explained by the relative strength of the bones subjected to pressure. Hæmorrhage, however, small extravasations into the substance of the brain, and rupture of the thin coats of meningeal arteries, no doubt did often occur from the transmission of vibrations through the brain and through the skull.

Falls upon the vertex might result in three different forms of fracture of the skull. If the momentum was slight, and the surface with which the head came in contact hard, the vertex alone would be fractured. If the momentum was considerable, and the surface hard, the vertex would be broken, and after it the base also. If the momentum was considerable, and the substance with which it came in contact soft, the base

only would be fractured. Conclusions from general principles corresponded with the results of experience in these respects.

Recovery after fracture of the base was by no means rare, if the diagnostic symptoms could be depended on in such cases. The lecturer concluded by exhibiting some interesting specimens, and among them one of a skull which presented unequivocal traces of fracture of the base, which had firmly united.

EMBOSSED PRINTING FOR THE BLIND.

THERE are few things of more importance to the blind than that they should be enabled to read with ease by touch, and that their literature should be as extensive and as cheap as possible. At present, however, much confusion, and not a little unnecessary expense, are occasioned by the absence of uniformity of system. There are now five systems in common use in England, each of which has its partisans.

In giving a brief sketch of these, and suggesting the means by which uniformity may best be attained, we hope to lend some practical aid towards the welfare of those whose affliction is a standing appeal for universal sympathy and assistance.

There are two systems of printing in which the ordinary Roman character is used: in Alston's, Roman capitals are employed; in what is called Taylor's, or the Bristol system, the letters used in ordinary printing are embossed. The main objection to both these systems is that the Roman character is not so readily recognisable by touch as its rivals, and fluent reading, therefore, cannot easily be attained; whilst, from the words being spelt in full, the finger has to traverse more ground than where a shorthand system is employed. The additional bulk, also, of the books renders them cumbersome and expensive.

There are three systems in which arbitrary characters are used,—Lucas's, Frere's, and Moon's; the first two being shorthand systems, the latter a longhand one combined with abbreviations. Frere's system, besides being shorthand, is phonetic. In Moon's most of the characters used in its predecessors (Lucas's and Frere's) have been retained, but very unfortunately their signification has been altered, thereby causing much unnecessary confusion. The advantage of Moon's system is that it is very simple, and easily acquired, so that those who have not the intelligence or requisite energy to learn shorthand, are enabled by it to read with tolerable ease. It is, however, not true, as has often been stated, that adults can learn no system but Moon's. Persons of ordinary intelligence, even at an advanced age, can and do learn either of the shorthand systems. It is a disadvantage of Moon's system that the books are much more bulky, and that rapidity of reading can never be so great as when a shorthand system has been acquired. The relative advantages and drawbacks of Lucas's and Frere's are not so readily stated; and we should exceed the limits of the present article were we to attempt to detail them.

How are we to explain the existing confusion? We believe it to be caused partly by the natural partiality of the patrons of each system inducing them to extend its use in ignorance of what has been done in other directions, and partly by the fact that, in the adoption of a system, the wishes of the blind themselves are not always consulted; and certainly no persons are better qualified to appreciate the merits of a scheme than those who have to use it.

It is obvious that if these five systems could be reduced to one or two—say a shorthand plan for the intelligent and a full written one for the dull,—great economy would result, the literature of the blind might be largely extended, and much unnecessary trouble would be spared. A right conclusion, however, can only be arrived at by those who are themselves conversant with the existing different systems. It is certain that persons with good sight will not go through the drudgery of acquiring these processes. To the blind, therefore, or at least to those whose sight is very defective, we must look for active work in this direction, and amongst them to those whose position and intelligence enable them to take up the matter skilfully and without prejudice. It is from this conviction, and with the object thus indicated, that a committee has been formed in London of gentlemen who either already know, or are willing to learn, at least three of the systems, and who are themselves blind, or at all events whose sight is so defective that they are obliged to use raised letters for reading. Care is of course taken that the members of the committee have no pecuniary interest in any system. The active originator of this scheme is Dr. Armitage, of 33, Cambridge-square, a respected member of our profession, who is himself, unhappily, qualified in the manner described. We are sure that any of our readers who are acquainted with blind gentlemen willing to assist in the scheme will inform them of the constitution of the committee, and refer them to Dr. Armitage. It is of course desirable that the committee should be large, but it is especially important that its members should investigate the subject in a scientific spirit. We anticipate that great benefit to the blind will eventually arise from the sensible plan of inquiry which is thus being adopted.

EPIDEMIC OF FEVER AT WALTON-LE-DALE, NEAR PRESTON.

THE village of Walton-le-Dale, near Preston, having been visited since the beginning of May by fever, which proved fatal in seven cases, Dr. Conway Evans was directed by the Privy Council to investigate the causes of the sickness which had attacked upwards of a hundred and fifty people. From that gentleman's able report, presented to the Preston Board of Guardians on the 24th instant, we learn that the disease was undoubtedly typhoid fever, and was confined almost entirely to the operatives at the factory of Messrs. Calvert in Walton. The source of infection was traced, as might be anticipated, to the water-supply of Walton, which depends solely upon surface wells, the necessary pollution of which will be appreciated on perusing the following extract from Dr. Evans' report:—

"The dead-level upon which the village stands, bounded on one side by the Ribble, on the other by the sewage-contaminated Darwen, consists of a stratum of alluvial loam, overlying a bed of gravel, the latter resting upon the subjacent rock (red sandstone?) The surface, cultivated as market gardens, is heavily manured with night-soil removed from Preston and other places, and, abounding in uncovered cesspools and middens, is, with the exception of two or three superficial drains (which are private property) almost wholly undrained."

Dr. Evans proceeds to advise the local authorities as to the measures necessary for improving the sanitary condition of the village, and makes some forcible remarks upon their short-sighted policy in appointing four inspectors of nuisances in 1861 at the inadequate salary of £5; in reducing that amount to five shillings in 1864; and in expecting the police officers to perform these duties without extra pay at the present time. We are glad to hear that Dr. Evans has been directed to investigate the condition and sources of pollution of the river Darwen, and that the authorities of Preston will be called upon to enforce the provisions of the Nuisances Removal Act.

Correspondence.

"Audi alteram partem."

ON SOME RECENT IMPROVEMENTS IN THE OPERATION OF LITHOTOMY.

To the Editor of THE LANCET.

SIR,—May I request the insertion of another letter on the recent improvements in the operation of lithotomy, suggested by Mr. Hutchinson's letter in your journal of March 21st.

The problem of lithotomy, considered as a practical operation, may at the present day be said to be, to penetrate into the bladder in the mesial plane of the perineum, and to make such a section of the prostate gland and the parts external to it as shall permit of the extraction of a stone of ordinary size, and at the same time least endanger the life of the patient.

These principles are necessarily conceded by those who have taken a part in this discussion on lithotomy, assuming Dupuytren's bilateral operation as the basis of their manipulations in endeavouring to improve it. In other words, the question is how to retain what is good in Dupuytren's operation, and make the operation itself turn out less deadly than it has been found in actual practice hitherto to have been.

When the road is thus distinctly pointed out, it must be admitted that there is nothing more natural and likely to happen than for two men travelling to the same place to meet by the way. It is, therefore, in a candid and liberal spirit that Mr. Hutchinson admits, without disparagement of his fellow traveller, that he has been anticipated by Mr. Jackson both in his operation and in the instrument with which he performs it. But Mr. Hutchinson must still further admit that it is quite possible for an ardent traveller like himself to overtake those who have gone before him on the same road. Now so it has actually happened. I mention it without the least disparagement of Mr. Hutchinson, that he has described and figured in your journal the identical instrument with which, in the year 1847, I made my first attempt on the living subject to improve the operation of lithotomy. It has the same two broad shoulders for cutting both sides of the prostate, the same knob at the point for fastening into the groove of the staff, and lastly, there was not wanting the arrangement by which the knob, once inserted, was unable to get out of the groove, and so passed infallibly into the bladder.* I find I have still two such instruments in my possession—a narrow one and a broader one; and these, with the staff into which they fit, I shall be most happy to show to Mr. Hutchinson, if, to drop the metaphor, he should happen to travel by the city of Glasgow, and does me the honour of a visit. There are a few slight differences, however. Mr. Hutchinson names his instrument a gorget; I named mine a prostate-knife. Mr. Hutchinson's has a long proboscis, on which the knob is placed, while in mine it rests on the point of the knife. But, most important of all, Mr. Hutchinson employed the rectangular staff, which I did not do for this plain reason, that the rectangular staff was not then in existence—its nativity dating some months later in the same year.

It is quite clear from what I have stated that Mr. Hutchinson has not read, or has forgotten, what I have written on the subject of lithotomy. That is certainly quite excusable; for now-a-days, when so much is written, who can pretend to read, much less to remember, it all? But it is not so easy to find an excuse for Mr. Hutchinson criticising what he has never read, or read so carelessly as to have misapprehended words quite free from ambiguity. I impute no moral blame to Mr. Hutchinson, but, from misapprehending, he has misrepresented my opinions, and he has also misstated his own. There is not the slightest foundation for the notion Mr. Hutchinson entertains, that he uses the rectangular staff in a way different from me. He says, "Mr. Buchanan proposed the employment of the instrument for a special kind of operation.....thought it not suitable for the ordinary lateral operation, and deprecated in strong terms its use for that purpose. I have not found his prognostications verified." It is impossible for me within any ordinary space to expose the misconceptions lurking under these words, and the consequent misrepresentation conveyed by them of my opinions as well as of his own. The only occasion on which I ever wrote a word against the use of the rectangular staff was in reference to an esteemed friend of my own, who, in a moment, as I fully believe, of temporary hallucination, ordered that staff to be held up under the arch of the pubes, as is often done in lateral lithotomy. Mr. Hutchinson surely cannot approve of such a proceeding, and must join fully with me in my prognostications that, whenever the instrument is so used, profuse hæmorrhage must ensue. He cannot but see clearly that in the position described the groove of the staff is enveloped in the spongy part of the urethra, and cannot be reached with the knife without doing violence both to the corpus spongiosum and bulb of the urethra. There cannot be the least doubt, from the high opinion Mr. Hutchinson expresses of the rectangular staff, that he uses it in exactly the same way that I do; for there is only one way in which a man of common sense, who knows his anatomy, would ever propose to use it, and that is, not held up under the arch of the pubes, but, on the contrary, depressed to the uttermost towards the rectum, so that the grooved part of the staff may be wholly in the membranous part of the urethra, and the groove be accessible to the knife under the level of the bulb of the urethra.

Mr. Hutchinson declares proudly that he has never tried Mr. Buchanan's operation; I think it would have been no disparagement to him, as a scientific inquirer, if he had. But, at all events, when he has now been made aware that he has for the last ten years been performing one of my operations, he will, perhaps, also be induced to make a trial of the other.

To proceed. The idea of confining the section both of the external parts and of the prostate gland to the mesial plane in front of the rectum was shown by Dupuytren more than half a century ago to be utterly impracticable for all stones of ordinary magnitude; and yet this operation, under the ambiguous generic name of "median," (proper specific name, medio-vertical,) has been for some years past occupying simple minds in this country as something quite novel, and big with vast results.

The mesial plane enables us to penetrate by the best road into the bladder, and this constitutes the distinctive character of the "mesial" or "median" operations in contradistinction to the lateral, where the knife penetrates inward from the side of the perineum. But to extract a stone of ordinary size we must also make a lateral section both of the prostate gland and of the external parts on one or both sides (medio-lateral and medio-bilateral operations). Now comes the most important question of all. Which of all these operations is the safest, or that attended with the least average mortality? Is it one of the median operations: the medio-lateral, the medio-bilateral, or the medio-vertical; or does the advantage lie with the old lateral operation? The question can only be answered by referring to the recorded results of these different operations. We may put out of the competition the medio-vertical as too restricted in its range. The medio-bilateral was, as I stated in my last letter, in the hands of its author an unfortunate operation in its results. It only remains, therefore, to compare the medio-lateral and the old lateral operations. With respect to the latter I referred in my last in an especial manner to Sir William Fergusson, in the hope of drawing from him the most recent statistics of the lateral operation, which he seems never weary of extolling to his applauding students as superior to every other. Having failed in my object, I refer to Sir William's published work on Surgery, in which he states that the highest average of success in the hands of Cheselden and other great operators whom he enumerates, has been one death in five, six, seven, or eight. Now in the medio-lateral operation, which I recommend, there is ample evidence to show that the average mortality from all operations, by whomsoever performed, is not more than one in twelve, while in the practised hands of my young friends, Dr. George Macleod, Dr. Eben. Watson, and Dr. George Buchanan, a still higher degree of security has been attained. These are surely recommendations that might induce even a surgeon to a metropolitan hospital to try the operation, although I am aware that it has to contend with the good old English prejudice against everything which comes from the country of John Hunter.

I am, Sir, your obedient servant,

Atholl-place, Glasgow, April 4th, 1868. A. BUCHANAN.

* Lithotomy as performed with a Rectangular Staff, pp. 5, 6, and 15.

THE PATHOLOGY OF CHOLERA.

To the Editor of THE LANCET.

SIR,—Dr. Owen Rees, having at length been fairly driven from the indefensible position which he had taken up with regard to the morbid anatomy of cholera, endeavours during his retreat to create a diversion by raising other questions more or less irrelevant. He tells you that Dr. Sutton, whose anatomical facts I have referred to, disbelieves my theory, and, moreover, that he "has satisfactorily confuted it." Therefore, while I regret that I should again have to occupy your space with this discussion, I beg permission to state in the fewest possible words how Dr. Sutton deals with my theory.

He says the theory "is very striking, and appears to explain at first sight several of the difficulties connected with collapse." He objects, however, that if the blood is arrested in the pulmonary arteries, not only should the right heart and the systemic veins be full, as he admits them to be, but the liver, spleen, and kidneys, instead of being lighter than normal, should be increased in weight, as they are in cases of chronic valvular disease of the heart. In other words, Dr. Sutton expects the same results from a sudden arrest of the circulation attended with profuse purging, as from a chronic obstruction at the heart with a resulting excess of liquid in the whole system. Dr. Sutton might with equal reason suggest that the assumed arrest of the circulation in cholera should cause dropsy, if the theory be true.

Again, Dr. Sutton thinks that the diminished weight of the lungs in collapse is not the result of a deficiency of blood in the pulmonary capillaries, but that it is, in some unexplained way, due to the drain of liquid from the blood. Yet he refers to the well-known fact that the lungs are as light in cases of acute apnœa, although in these cases there has been no loss of water to explain the phenomenon.

Dr. Rees considers that Dr. Sutton is the best exponent of his own anatomical facts, because "he has no theory to patch up." Now, it so happens that Dr. Sutton suggests two theories in explanation of cholera collapse. One theory is that collapse is the result of a *rapid* drain of liquid from the blood. But here Dr. Sutton, to say nothing of other insuperable objections, does not tell us how it happens that a patient having been thrown into collapse by loss of liquid comes out of it while the drain continues, as is shown by the history of several of his own cases. Dr. Sutton's second theory of collapse is that "it may be due to the so-called 'shock.'" He gives no explanation of the "so-called shock," but he says that "the firmly contracted state of the left ventricle, and the cold state of the surface, and the small, feeble pulse might suggest that there is contraction of the small arteries throughout the body." Although I have long and carefully studied the effect of arterial contraction, I am at a loss to understand how contraction of the small systemic arteries could empty the left ventricle, or render the radial pulse small and feeble. I should have supposed that the results would be the exact opposite of these. And the opposite results are exactly what we observe in cases of chronic Bright's disease, where we have demonstrative evidence of excessive contraction of the small systemic arteries in the hypertrophy of their muscular walls.

In reply to Dr. Rees's assertion that I have "picked out certain parts of Dr. Sutton's returns, which appear, when so separated, to support my views," I beg of him to supplement my extracts by such parts of the report as I have thus unfairly omitted. I had no need to omit any of Dr. Sutton's facts. They are in exact agreement with my own previous statements as to the morbid anatomy of cholera, and with my theory of collapse. Dr. Sutton's theories must be considered quite apart from his facts. They stand upon a different basis, and I should not have referred to them here if I had not been driven to do so by the reckless assertions of Dr. Rees, who, conscious of his own inability to refute me, tells you and your readers that Dr. Sutton, has done so, whereas I have shown that Dr. Sutton has refuted not my theory, but his own, his facts and his theories being inconsistent with each other.

I am, Sir, your obedient servant,

Savile-row, June 22nd, 1868. GEORGE JOHNSON.

PLACENTA PRÆVIA.

To the Editor of THE LANCET.

SIR,—If Dr. Barnes will do me the favour to again refer to the case inserted in your journal of the 13th instant, he will see that I describe the placenta as being "freely," not fully, detached from the uterine surface by the index finger passed through the os uteri.

In the first MS. received by you on the 9th ult. I added the words, "as far as the finger would reach."

I much regret that Dr. Barnes's claim to the origination of this method escaped my notice.

I am, Sir, your obedient servant,

JOHN C. RICHARDSON.

Falcon-road, Battersea, June, 1868.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 18th inst.:—

Baxter, Evan Buchanan, King's College Hospital.
Gent, George, Adelaide-road, N.W.
Jay, Henry Mason, Chippenham, Wilts.
Rendle, Richard, Newington-causeway.
Snow, Herbert Lumley, Queen's Hospital, Birmingham.
Sommershield, Oscar Frederick Wm., Christiania, Norway.

As Assistants in Compounding and Dispensing Medicines:—

Bird, Robert, Reading.
Gostling, George James, Diss.
Gostling, John Henry, Halesworth.

The following gentlemen also on the same day passed their first examination:—

Evans, Thomas Walter, Guy's Hospital.
Leland, John Smallman, Dublin.
Rees, Howell, University College Hospital.
Roberts, Arthur, Manchester.

UNIVERSITY OF DURHAM.—EXAMINATIONS IN MEDICINE AND SURGERY, EASTER TERM, 1868.—The following gentlemen, having undergone the necessary examinations, were approved. Examination for the degree of Bachelor in Medicine: George Cuthbert Gilchrist; Frederick William Newcombe.—Second examination for the licence in medicine and the degree of Master in Surgery: Robert Clark Newton.—First examination for the licence in medicine, and the degree of Master in Surgery: Lawrence John Halket.

MEDICAL BENEVOLENT FUND.—At a special meeting of Committee, two vacant annuities of £20 were filled up as follows:—No. 66. A widow, aged sixty-seven, Edinburgh. Maintained herself for many years; now suffers from rheumatism. On the list of candidates since 1862.—No. 67. A widow, aged seventy, Sussex. Has passed through many misfortunes; suffers greatly from rheumatism. Recommended by several eminent members of the profession. On the list since 1866. The fund has already distributed in the course of the year (in addition to the annuities) £420 among fifty cases of extreme distress.

MEDICAL TRIAL.—In the Court of Exchequer on Wednesday the Lord Chief Baron with a special jury had before him the case of Eastlake *v.* Edmunds. When the case was called on, Mr. Coleridge, Q.C., who appeared for the defendant, said he had done his best to bring about an amicable arrangement, but without success, and he was afraid the case must be tried. This was the last day of the sittings of the Court at Westminster, and as it would be disadvantageous to the defendant to have the case stated against him, and then to have the trial postponed over the long vacation, the Lord Chief Baron suggested that the best course would be to make the case a remanet. Sir George Honyman, on behalf of the plaintiff, said his client was very anxious to have the case, which was one of great interest, tried, in order to vindicate his character, but it would be utterly impracticable to finish the trial that day, as it would last two or three days at least. The case was then made a remanet.

SUICIDE OF A SURGEON.—A very painful state of feeling has been caused at Birmingham by the suicide of Dr. W. F. Marsden, of Balsall Heath. It appears from the evidence given at the inquest, held on June 19th, that Dr. Marsden returned home after a hard day's work, on the evening of June 17th, and after betraying an unusual amount of irritability and mental disturbance, entered his surgery and drank a quantity of diluted hydrocyanic acid. The verdict was, "that the deceased had poisoned himself by taking prussic acid, and that at the time he was not of sound mind." The deceased was M.D. of St. Andrews, and in extensive practice. He was not much known to the profession in Birmingham, but he was highly esteemed by the few who were intimate with him. The cares of large practice seem to have been too much for a nervous system always extremely delicate.

MEDICAL APPOINTMENTS.

J. ARTHUR, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Wootton-Wawen District of the Stratford-on-Avon Union, vice G. Fayrer, M.D., deceased.

H. A. CHERRINGTON, M.D., has been appointed Physician to the Blackburn Infirmary, vice E. S. Morley, M.D., resigned.

MR. C. E. CRAIG has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Ballindine Dispensary District of the Claremorris Union, Co. Mayo, vice D. E. Egan, L.R.C.S.I., resigned.

W. D. DUNN, L.R.C.P.Ed., has been appointed Medical Officer for the Nottingham Union Workhouse, vice F. Watson, M.R.C.S.E., resigned.

J. R. HAYNES, L.R.C.P.Ed., M.R.C.S.E., has been appointed House-Surgeon to Westminster Hospital, vice J. C. M'Donald, M.R.C.S.E., whose period of office has expired.

BERKELEY HILL, M.B., F.R.C.S., has been appointed Assistant-Surgeon to the Children's Hospital, Great Ormond street.

H. W. JACKSON, M.R.C.S.E., has been appointed Senior Assistant Medical Officer to the Surrey County Lunatic Asylum, near Tooting, vice G. W. Grabham, M.B., appointed Medical Superintendent of the Earlswood Asylum for Idiots, Redhill.

W. R. NICHOLLS, M.R.C.S.E., has been appointed an additional Resident House-Surgeon to the Brighton and Hove Dispensary.

F. J. O'REILLY, L.R.C.P.Ed., has been appointed Medical Officer to the Fever Hospital and Union Workhouse, Trim, Co. Meath, vice J. J. O'Reilly, M.D., deceased.

H. A. P. ROBERTSON, M.D., has been elected Public Vaccinator for the Bristo Union.

T. SAWYER, M.D., has been appointed temporary Medical Officer for District No. 6 of the Parish of St. Matthew, Bethnal-green, vice Benj. B. Lyel, L.R.C.P.Ed., resigned.

J. H. SIMPSON, L.R.C.P.L., has been elected Resident Medical Officer to the Chontales Gold and Silver Mines, Nicaragua, vice A. E. Robinson, resigned.

T. SMITH, F.R.C.S.E., Senior Assistant-Surgeon to the Hospital for Sick Children, Great Ormond-street, has been appointed Surgeon, vice T. Holmes, F.R.C.S.E., resigned.

J. STEPHENSON, L.A.H. Dub., has been appointed Resident Medical Officer to No. 3 North City Dispensary of the North Dublin Union, vice R. F. Wilson, L.R.C.P.Ed., appointed Medical Officer.

H. W. S. STURTON, M.R.C.S.E., has been appointed Medical Officer for the Greenwich Central District of the Greenwich Union, vice J. A. Taylor, M.R.C.S.E., resigned.

W. N. THURSFIELD, M.D., has been appointed Medical Officer for the Presteigne Union, Radnorshire, vice T. O. Hunt, M.R.C.S.E.

T. G. WALES, jun., M.R.C.S.E., has been appointed Medical Officer for District No. 1 and the Workhouse of the Downham Market Union, Norfolk, vice Wales, resigned.

A. WILKINSON, L.R.C.P.Ed., has been appointed Medical Officer for the Shaftesbury District and the Workhouse of the Shaftesbury Union, vice I. H. Swain, M.D., resigned.

Births, Marriages, and Deaths.

BIRTHS.

On the 26th of April, at the Chontales Gold Mines, Nicaragua, Central America, the wife of Dr. Robinson, of a son.

On the 18th inst., at Risca, Monmouthshire, the wife of R. Istance, M.R.C.S.E., of a son.

On the 19th inst., the wife of John Blount Fry, M.R.C.S., of Woburn, Beds, of a son.

On the 19th inst., at the Old-square, Ashton-under-Lyne, the wife of W. H. Hughes, M.R.C.S.E., of a daughter.

On the 22nd inst., at Brighton-place, Oxford-street, Manchester, the wife of J. Thorburn, M.D., of a son.

On the 22nd inst., at Liverpool Lodge, Brixton-hill, the wife of H. Hastings, M.D., of a daughter.

MARRIAGES.

On the 11th inst., at Launceston, W. H. Pearse, M.D., to Ellen, third daughter of the late John Pethybridge, Esq., of Bodmin, Cornwall.

On the 15th inst., at Melbourne, Derbyshire, Wm. Melville Knipe, M.R.C.S., to Lucinda Grime, eldest daughter of the late Edwin Melville Dolman, Surgeon, of Limehouse, London.

On the 16th inst., at the Parish Church, South Stoke, near Bath, Alfred Sheen, M.D., of Crockherbtown, Cardiff, to Harriett, daughter of Mr. Nell, of South Stoke and Cardiff.—No Cards.

On the 18th inst., at Chiswick, Robert Lloyd Jordison, M.R.C.S., of Hornchurch, Essex, to Cecilia, only surviving daughter of James F. Hooper, Esq., of Chiswick Cottage, Middlesex.—No Cards.

On the 18th inst., at the Parish Church, Queenstown, Dr. George Moore, Surgeon R.N., second son of the late James Moore, Esq., of Dumbadmore, in the County of Fermanagh, to Louisa Fettitot St. Leger, eldest daughter of the late Major St. Leger Atkins, of Water-park, Co. Cork.

DEATHS.

On the 15th inst., S. Edgar, L.F.P. & S. Glas., of Birkenhead, formerly of Matlock, Bath.

On the 16th inst., Geo. C. Sharman, M.R.C.S.E., of Willingborough, Northamptonshire, aged 45.

On the 17th inst., G. S. Rutherford, M.D., R.N., of Devonshire-street, Portland-place, aged 82.

On the 17th inst., Dr. G. A. W. Arnott, Professor of Botany in the University of Glasgow.

On the 18th inst., Matthew Lynch, L.R.C.S.I., formerly of Liverpool.

On the 21st inst., at Tullamore, King's County, R. T. Scott, M.R.C.S.E., Deputy Inspector-General of Hospitals, formerly of the 76th Regiment, and latterly Medical Officer of the School of Musketry, Fleetwood, aged 61.

To Correspondents.

THE Publisher of THE LANCET would feel obliged to any gentleman who would favour him with the loan of the first number of THE LANCET. It was published in October, 1823.

THE insertion of *Mr. R. B. Carter's* letter on Vaccination and Syphilis is unavoidably postponed until next week.

THE NEW INFANTRY KNAPSACK.

To the Editor of THE LANCET.

SIR,—Repeated mention has been made in the pages of your journal of a newly-devised pack as a substitute for the old army knapsack. Kindly inform me where I could see and examine the new equipment, or where it is described and figured. Would the military article be a good form of knapsack for the holiday tourist in Switzerland? The yoke knapsack is the best contrivance I have met with as yet, but in that there is much room for improvement. Your obedient servant,

June 17th, 1868. JAMES.

*** The Report of the Committee, containing plates of the new knapsack, can be obtained of the Queen's Printers.

MEDICAL CERTIFICATES AND MAGISTRATES.

SOME letters have appeared in the *Hampshire Telegraph* from Mr. Richard Wellings, Surgeon, of Waterloo, near Cosham, in which he complains, apparently most justly, of the conduct of the Hon. Captain Pakenham. It appears that a man of the name of Silvester had been implicated in some disturbances at Waterloo, and a warrant was issued for his apprehension. Silvester was under the care of Mr. Wellings, suffering from great mental excitement bordering on delirium and from hæmorrhage, which Mr. Wellings considered would render his removal to any distance dangerous to his life. He gave a certificate to this effect, and forwarded it to Captain Pakenham, who, however, is stated by Mr. Wellings to have sent him a message, that his "certificate was of no more value than waste paper." Mr. Stedman, another surgeon, afterwards saw Silvester, and thought that he could be removed with safety. He was removed accordingly, a distance of eight miles, over a rough road; but we are not informed whether any evil result followed this proceeding. We regret that Mr. Stedman should not have had a consultation with Mr. Wellings on Silvester's case, and that so bad an understanding should seem to exist among gentlemen practising so near to each other. Such breaches of etiquette only tend to lower our profession in the eyes of the public, many of whom are only too glad to have an opportunity of insulting us. We think there certainly must be some mistake with regard to the statement made in the *Hampshire Telegraph*, that three letters were addressed by Mr. Welling to Captain Pakenham, and that no answer was returned. The name of Pakenham is honourably associated with great deeds in our military history, and we shall regret that any gentleman bearing that name should be found wanting in one of the simplest acts of courtesy.

WE are compelled to postpone a notice of the Report of the Chief Surgeon of the Metropolitan Police until next week.

PROFESSIONAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—With reference to Dr. Duncan's letter which appeared in your issue of the 30th of May, I beg to say I returned to England last week, and my address is, and has been since the 29th September last, 16, Warrior-square, St. Leonards, and that address will be found in its proper place in this year's Directory.

With respect to the anonymous note he refers to, I can only repeat that when I left Cannes I was wholly unaware that any legal proceedings were pending or likely to arise on the subject. Those proceedings, it appears, resulted in an apology by Dr. Griffith, accepted by Dr. Duncan, for the limited degree of publicity he (Dr. Griffith) had given to the contents of the note; and I think it right to say that I regret, and am willing also to apologise to Dr. Duncan for, the much smaller share I had in the matter in placing that note in Dr. Griffith's hands, which I did without attaching any importance to the matter, and without authorising or expecting any publication of it or its contents. I am, Sir, yours, &c.,

June 23rd, 1868. F. RADCLIFFE.

Mens Conscia Recti shall receive a private note. No more than *one* patient of unsound mind can be received, and in the case of that one, an order and medical certificates are required. See THE LANCET of June 6th, p. 729. For more than one patient a licence is necessary.

Leeds.—Mr. Nunneley's testimonial respecting "Armistead's Mustard" is sadly out of taste.

Dr. Rattray writes to say that his name was omitted from the list of Mr. Gladstone's supporters, published in our advertising columns of last week, in reference to the Chancellorship of the University of Edinburgh, and requests us to rectify the omission. We printed the list as received.

ST. PANCRAS WORKHOUSE AND ITS MEDICAL OFFICERS.

To the Editor of THE LANCET.

SIR,—Can you enlighten me as to the cause of the frequent changes amongst the resident medical officers of the St. Pancras Workhouse? Two good and tried men were appointed, if I mistake not, on the 1st of November last year, and within seven months I see two changes have taken place, and an advertisement again in your columns. Is there not "something rotten in the state of St. Pancras?" I think, after the treatment of medical officers at that institution, it behoves the two gentlemen who have retired to state, fearlessly and honestly, their reasons for the steps they have taken. I have reason for thinking that the question of salary had nothing to do with it, as the salary given generally by private practitioners to assistants is £120 per annum, and they have board and lodging &c. to find; here we have everything found, and £100 per annum clear.

I am induced to write this letter in justice to future applicants.

Your obedient servant,

June, 1868. INQUISITOR.

Medicus, (Darlington.)—It is not altogether an infringement of the laws of professional etiquette; but we should not advise that the arrangement be carried out.

A Member Med. Prof. Soc.—We are acquainted with all the facts. It is an unfortunate affair, and we do not see in what way our interference would benefit the unfortunate member.

Delitus.—The subject has not escaped our notice, and it will receive attention in due time.

TREATMENT OF CHRONIC DYSENTERY.

To the Editor of THE LANCET.

SIR,—I shall be glad if any of your correspondents can give any information as to the best mode of treating chronic dysentery. The case which I have at present has extended over a space of three years, without loss of flesh to the patient. Yours truly,

June, 1868. INQUIRER.

A Constant Reader.—1. The certificate would not be regarded as a *medical* document unless the practitioner who signed it was registered.—2. Registration is effected by the person desirous of being registered sending his diplomas to Dr. Francis Hawkins, Medical Registration Office, Soho-square, and a Post-office order for either £3 or £5. If the applicant were qualified before the passing of the Medical Act, the fee would be £2; if subsequently, £5.

Mr. H. B. Franklyn.—We hope to publish next week Inspector-General Gordon's letter on the "Reconstruction of the Army Medical Department."

Doubtful.—No. 1.

Anon. P. P.—1. No.—2. There has been no such controversy.

Nil Desperandum.—We are opposed in the main to self-supporting dispensaries; but there are exceptional circumstances in which their establishment may be justified. The case stated appears to be one of those exceptions.

THE TITLE OF "DOCTOR."

To the Editor of THE LANCET.

SIR,—The letters of those gentlemen who have replied to mine of June 6th simply beg the whole question.

The licence of the College of Physicians was instituted solely to correspond to (as a licence to general practice), and be substituted for, that of the Apothecaries' Society, but with the additional privilege of enabling its holders to practise surgery as well as medicine.

The College of Physicians by a special bye-law prohibited its licentiates who were not in possession of a degree from a British University from assuming (by courtesy or right) the title of "Dr." The College refuses to address the licentiates as "Drs.;" yet, in the face of all this, these gentlemen have written asserting their *right* to the *courtesy* title.

Mr. Douglas says that certain law Lords considered L.R.C.P.s to be Doctors of Physic. Now there never was, and does not exist, such a title as Doctor of Physic; nor is it surprising that the great lawyers mentioned should have so confused a notion of medical titles, when we consider the extreme ignorance of the public generally with respect to medical qualifications; and I have only to refer to the letters of your correspondents, commenting on my observations, to show that a great amount of ignorance prevails on the subject even amongst ourselves.

If the patients (or the public) choose to call Mr. Douglas "Dr. Douglas," I, for one, can have no objection to their doing so (therein lies the courtesy); but I say it is decidedly wrong that he or the other non-graduate L.R.C.P.s, should place the title "Dr." on their cards or door-plates, for I have no hesitation in saying that their doing so conveys to the public mind that they are in the possession of the degree of Doctor of Medicine.

It may be quite true that the professional standing of the L.R.C.P. is equal or superior to that of some M.Ds; nor will it be disputed that the Universities of St. Andrews and Aberdeen lowered the status of the degree by their wholesale admissions; but, thanks to the University Commissioners, that has been in great measure altered, and the graduates of those Universities are now taking a proper position, as witness the reports of the army examinations. I have no doubt it will take many years before the degree of M.D. recovers from the violent shock given to it by the above-named Universities. It will be a great source of satisfaction to me if ever it should so happen that St. Andrews should be deprived of the power of admitting the *ancient tax* annually.

What do the L.R.C.P.s say? We are physicians; therefore we shall call ourselves "Drs.," but in so doing we have no wish to append the letters "M.D." to our names. I should like to know what difference there is in placing the letters "M.D." after their names or "Dr." before. I maintain that the meaning is the same, that it is so understood by the public, and that the abbreviation "Dr." means Doctor of Medicine (when used by a medical man) neither more nor less.

A Bachelor of Medicine, a Commander in the Navy, or the eldest son of an Earl have some reason in assuming the respective titles of "Dr.," "Captain," or "Lord," inasmuch as they are supposed to be in the direct route to those higher distinctions; for it is a natural inference that a Bachelor of Medicine will in time become a Doctor; a Commander in the Navy, a Captain; and the eldest son of an Earl, an Earl; but there is nothing in the fact of being a L.R.C.P. that would lead to the assumption of the ultimate procedure to the Doctorate of Medicine.

I did not enter into this explanation in my first letter, as the parallels appeared to me so appropriate that I imagined they must have been easily understood.

In the letter written by "Reform" is a long account of his perplexities and difficulties. Surely he cannot expect that Universities can make laws to suit every exceptional case. I suppose if a man devotes a year or two in acquiring a knowledge of medicine, and then wishes to change and go into the Church or proceed to the Bar, he would probably find even greater difficulties than "Reform" found. The University of London was open to him certainly, and I am sure no one will say that its portals are not wide enough. "Reform" draws a comparison between the title of "Dr." and the prefix "Rev." as applied to clergymen, which comparison cannot hold for a moment. The word "Dr.," as I said before, when used by a medical man, means Doctor of Medicine; the prefix "Rev." means that the person using it is venerable or deserving of reverence; hence we have "Rev. Mr." and "Rev. Dr." Now, I take it, a proper parallel to this would be "Medical Mr." and "Medical Doctor." "Reform" can alter the formula as he pleases, substituting any other term for that of "medical."

By all means let licentiates of a College of Physicians or Surgeons have, as "they desire, some means of legitimately rendering patent to the public that they are medical practitioners;" but let it be by a title that carries on the face of it what it really and honestly is, and will not lead the public to believe that the possessor is something which he is not.

I intended it to be understood that I suggested the words Physician-Surgeon or Surgeon-Physician as a postfix, not a prefix; but, supposing the latter, I do not see that (except for its novelty) it would be more exceptionable than that of Surgeon-Major, a title now in common use in the army.

In conclusion, I hope the College of Physicians and the Medical Council will settle this matter. There appear to me to be two ways of doing so.

1st. By the College of Physicians making forfeiture of the licence a condition of the breaking its bye-laws.

2nd. By admitting no one to the licentiateship or membership unless he be in possession of a medical degree, M.B. or M.D.

I remain, Sir, your obedient servant,

Brighton, June 20th, 1868. R. P. B. TAAFFE, M.D., M.S. Lond.

K.—The fee should be divided with Dr. A. It is always understood that when a medical practitioner attends a labour in the unavoidable absence of the gentleman engaged, he retires from the case on this gentleman making his appearance, and, as a rule, should leave the fee to be taken by the family attendant.

A Constant Subscriber.—The Coroner is wrong in withholding the fee under such circumstances. A workhouse is not a public hospital or infirmary under the 5th section of the Medical Witnesses Act. The fee could be recovered in the County Court, provided the witness were legally summoned.

Dr. Arthur.—Next week.

OWING to the space occupied by the Index in the present number, we are obliged to omit several communications, answers to correspondents, acknowledgments, &c.

Medical Diary of the Week.

Monday, June 29.

ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, June 30.

ROYAL FREE HOSPITAL.—Operations, 9 A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Wednesday, July 1.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.
METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH. — 4 P.M. Meeting for Election of Officers.
OBSTETRICAL SOCIETY OF LONDON. — 7½ P.M. Council Meeting.—8 P.M. Dr. Barnes, "On Chorea in Pregnancy."—Dr. Copeman (Norwich), "On the Treatment of Imperforate Hymen with retained Menstrual Fluid."

Thursday, July 2.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Friday, July 3.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.

Saturday, July 4.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

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